mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH / 19192
1. PLACE OF DEATH	82-70
County Washing Ton	Registration Dist. No. 306
Village or City Blue Redge Summet	NoSt., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Nattice M. Bolto	re
(a) Residence: No. 2/06 Trongwood	asera Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willows	21. DATE OF DEATH Aug 2 9 5 (Year)
5a. If morried, widowed, or divorced	The state of the s
(or) WIFE of Edw. J. Bolton	1 HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Tuly 10 % 1850	Utast saw have alive on accep 17 1935 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3 Am.
85 / 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Cerebrac 1 hourstogs and 29/2
kind of work done, as SPINNER, CX Pronuc	7-4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Oate deceased last worked at this occupation (month and year)	
Hazalond	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	arteris Policions Eta Herentity 19:2
	\
Ξ //	
4 14. BIRTHPLACE (city or town) Sugline (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Ametalumbus unalumbus (State or country)	Accident, suicide, or homicide? Date of injury, 19
The a Me of Book	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT ALOG HOUSE WOOD AND ALOG HOUSE AND AL	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLÂCE.
18. BURIAL, COEMATION OF REMOVAL	Manner of injury
Place / 8040000 0ate 0/3/ ,1935	Natura of Injury
19. UNGERTAKER W Leading	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Ballyone Ma	If so, specify
110 30 35 Harlit	(Signed) assis 12 decrease, M. D.
20. FILED aug 29, 1935 Set My tengusor	(Address) 7/8 n Patterson (the aus)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			1 geur

N. B.—WRITE PLAI

Amau

N. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH County VVashing	CERTIFICATE OF DEATH 09083 Registration Dist. No. 302
	No. X Vo St., Ward death occurred in a hospital or justitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME JOHN MUSSELL 12. (a) Residence: Nob 30 Salem Avro.	St. S Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Way i e C	21. DATE OF DEATH Que q 25 , 1935 (Month) (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sephene -	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Days If LESS than	to have occurred on the date stated above, at 1 30 m.
50 - 26. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER. L. SAWYER, BOOKKEPER, etc. 9. Industry or business in which	
Shind of work done, as SPINNER. A character of work done, as SPINNER. A character of work done, as SPINNER. A character of work was done, as SILK MILL. 9. Industry or business in which work was done, as SILK MILL. 10. Date deceased last worked at this occupation (month, and spin this this occupation (month, and spin this this occupation (month, and spin this occupation).	chololi the care
12. BIRTHPLACE (city or town Chambers burg	Other Coutributory Causes of importance:
(State or country)	Surfamiles follows
13. NAME Solution YUNNEY 14. BIRTHPLACE (city or town) Chaubers bure (State or country)	Name of operation The Live Steeling Date of Ging [7-3] What test confirmed diagnosis? The Was there an autopsy? MA
# 15. MAIDEN NAME Margaret Carr-	23. If death was due to external cluses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mangaret Carr- 16. BIRTHPLACE (city or town Orristown. (State or country)	Accident, suicide, or homicide?
17. INFORMANT MYS J. R. DYUNNEX (Address) Hagey stown. Wid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Natural Paralleg 28., 1935	Manner of injury
19. UNDERTAKER A-N-Culturaue (Address) Haacataan kud	24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis SEP 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1925	Gastroenteritis	1 year

state infor-

jo plnods

Every item

RD.

OCCUPA-

Jo

statement

1. PLACE OF DEATH

2. FULL NAME

(a) Residence: No.

Length of residence in city or town where death occurred

V. S. No. 1

PHYSICIANS Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A PERMANENT EXACTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1855 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Days If LESS than stated Months 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, WITH UNFADING INK-THIS OCCUPATION of SAWYER, BOOKKEEPER, atc. back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may should See instructions on 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation __ SO 12. BIRTHPLACE (city or town (State or country) mation should be carefully supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (State or country) MOTHER very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town). (Stata or country) 17. INFORMANT WRITE PLA (Address) 18. BURIAL, CREMATION, OR TION is 19. UNDERTAKER (Address) Registrar.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09084		
EATH	9200		
ashnoton	Registration Dist. No. 302		
Hageistown	No. Varhunglon G. Vonest, 5 Ward		
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds		
Se as a community of the second of the secon			
storge cororer	If U.S. Veteran specify WAR		
Ochune (Usual place of abode) one	St., St., Ward. If nonresident give city or town and State		
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
White OR DIVORCED (write the word)	(Month) (Day) (Year)		
divorced			
	22. I HEREBY CERTIFY, That I attended deceased from		
day, and year) Unknown 1855	Hast say hug alive on Occay 20 1935; death is said		
Months Days If LESS than	to have occurred on the data stated abova at 1.15 Am.		
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
or particular	Date of onset		
one, as SPINNER, (KEEPER, atc	Chronic Edidocardates 142		
ss in which as SILK MILL,	" Myocandolin 1 47		
NK, etc	Brokum Campinastery) 195:		
(month and spent in this occupation			
(WI) Garrett County	Other Contributory Causes of Importance:		
ma	Contract State Contract		
ohn Carder			
or town). Unknown	Name of operation Date of		
ry)	What test confirmed diagnosis? Was there an autopsy?		
Lucindi Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:		
or town) Unknown	Accident, sulcida, or homicide?		
iry) ·	Whera did injury occur? (Specify city or town, county and State)		
4. tred, Long	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
or removal			
stown md Date aug 24, 19 35	Manner of injury		
of 7. Minerich tolon	nation injury		
restour md	24. Was diseasa or injury in any way related to occupation of deceased?		
1 35 Solly Historice	(Signed) M. Cambbel M. D.		
Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

(I	Example I		Example II	
The principal cause of de of importance were as fol	ath and celated caus	es. Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	SEP 8 193	5 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	S July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

14 4	
40	

gend	
No.	
203	
>	

STATE OF MARYLAND	CERTIFICATE OF DEATH 09085
1. PLACE OF DEATH	53-2
County	Registration Dist. No.
Village or City yours was burg ma	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs mo	a. 124s. How long in U.S. if of foreign hirth? yrsmos ds.
2. FULL NAME CALL IT LINE	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normalia Normalia Normalia Normalia Normalia Normalia Normalia Normalia Normalia	21. DATE OF DEATH (Year)
5a. If married, widowed or divorced HUSBAND of Marce Q CLiff	22. ! HEREBY CERTIFY. That I attended deceased from
(or) WIFE of The E	1934 to (119, 16 1935
6. DATE OF RIRTH (month, day, and year) May 18-1976	I last saw h_l m _ alive on allalist 167 1935 Theath is said
7. AGE Years Months Days 1 If LESS than 1 day, hrs.	to heve occurred on the date stated above, et \$26 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SOWYER, BOOKKEEPER, etc.	Burging of Mache Primary Carles 3
Mindustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	seat: much and connectic til
0 10. Dato deceased last worked at 11. Total time (years)	see of neck. George
this occupation (month and year)	
12. BIRTHPLACE (city or town) Marroysburg MC	Other Coutributory Causes of importance:
(State or pun)(f)	Crute Bronefules July 193
13. NAME COUNTY COLUMN	The of none
14. BIRTHPLACE (city or town) 1 2 Wash Constant	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Darak Ohkur	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ON ON ON ONE ON	Accident, sulcide, or homicide? Date of Injury
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / / Darah Claff	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Menner of inlury
Place Browns Still Enter (19 19 1935	Nature of injury
19, UNDERTAKER C & Surminh & C.	24. Was disease or injury by any way related to occupation of deceesed?
(Address) Rahay willy ma	If so, specify
20. FILED aug 17 , 1935 Cornelina Tr. Castle	(Signed) M. D. (Address) M. D. M. D.
N. J. W. J.	, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: VED		The principal cause of death and related causes of importance were as follows: ,	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis P 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5.1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ;	1 year

**************************************	Company of the Compan	
	79.13	

or- ore A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP.	1. PLACE OF DEATH	82-20
of CC	County Washington	11/10 1/10 Registration Dist. No. 302
shou f O	Village or City Pagastown	No. 13 Change & Ofonst & Ward
= 0	(If Length of residence in city or lown where death occurred 3.3yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
ND. Every YSICIANS statement	1 1 1 2	
E tem	2. FULL NAME JOHN & Crawford	If U.S. Veteran specify WAR
RD YS	(a) Residence: No. Dellevie (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
F	male maite (hedring)	(Month) (Day) (Year)
dANEN ACTI assified.	5a. If married, widowed, or divorced	
IAI A C assi	HUSBAND of Elischeth Cromford	22. I HEREBY CERTIFY, That I attended deceased from
E X cl.	6. DATE OF BIRTH (month, day, and year) lank 2 F - 1876	I last saw h. same alive on 24 1935 : death is said
PE rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.13 Pm.
IS A Pl stated l properly certificat	3-9 0 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:
st st pr	8 Trade nuffeering or particular	Date of onest
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral afecuous hag ?) 3
ould may back	9. Industry or business in which work was done, as SILK MILL, Standing Plummer SAW MILL, BANK, etc	6
VK—T should it may n back	S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3.
E E TO	this occupation (month and year) March 1929 occupation 26	
AG AG th ion	Barton	Other Contributory Causes of importance:
d.	12. BIRTHPLACE (city or town) Saturn (State or country) Md	Martin - Scharona
UNFADING upplied. AGI terms, so that instructions	II 13. NAME John V. Crawford	The party of the court
H UNFA supplied in terms, See instri	14. BIRTHPLACE (city or town) - Managemen	Name of operation
y Sain	(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
WIT efull in pl	15. MAIDEN NAME Janne Cycurs	23. If death was due to external causes (VIOLENCE) fill in also the following:
60	16. BIRTHPLACE (city or lown)	Acciden1, suicide, or homicide? Date of injury
INLY, be car EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
Id H Id H DE y in	17. INFORMANT Stury / Alla Canfind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Oaltime Vnd 18. BURIAL, CREMATION, OR REMOVAL	
F 61.5	Place a quetern md Date ag 27 1935	Manner of injury
-WRITE mation s CAUSE TION is	Jak ZM. Illa	Nature of injury
CAL	19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
m (T)	8/26/ 75 Imastri sauce	(Signed)
z	20. FILED Registrar.	(Address) Home
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple-I		Example II	
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EP 8 1905	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	L-1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S	. July 5,1927	Peritonitis	3 days ago
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			93.0
County_	Washington			Registration Dist. No. 30 2
Village or C	ity Hagerstow			No. 406 Jona than St., Was death occurred in a horpital or institution, give its NAME instead of street and number?
Length of rasi			yrsmos	sds. How long in U.S. if of foraign birth?yrsmos
2. FULL NA	ME Sophia	Crew.		
(a) Residen	ce: No 40 6 Jon	ayhan		St., 9 Ward.
		(Usual place		If nonresident give city or town and State
	AL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Fema.le	4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 14 , 193 5 (Month) (Dev) (Yaar)
Se. If married, widow HUSBAND of		urng.		(Month) (Dey) (Yaar)
(or) WIFE of	Sin	gle.		22. HEREBY CERTIFY, hat I attanded dacaasad fr
		0	10/2	Jan 1,3 ,1935, to July 30, 1933
	month, day, and year)		10620	(I last saw h alive on ; death is se
. AGE Yae	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the data statad above, atm.
73			ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profes	ssion, or perticuler work done, as SPINNER,			Chronic myocarditis Ination: sep mon then
SAWYER,	BOOKKEEPER, etc.			P J Central
work was	business in which done, as SILK MILL, Ret L, BANK, atc.	ired se	ervant.	lu leuro polocoras
	L, BANK, atc			Hy parteuseon
this occup	pation (month and	spe	time (years) ent in this upation	
	Chama	burg Bi		Othar Coutributory Causes of Importance:
2. BIRTHPLACE (cit (State or coun) or town/		LDU	
1				of a cardial throughour
13. NAME	Thomas H			
14. BIRTHPLACE			County.	Name of operation
(State of		ryland.		What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAI		a Hill.		23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE	(city or town) Washi country) Maryl	ngton (County.	Accident, suicide, or homicide?
7. INFORMANT	Irs Mary Tay	lor, (Sister)	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	Hagerstown	•		
8. BURIAL, CREMAT	se Hill Ceme	to. A116	16 35	Manner of Injury
Place_410			19.00	Nature of Injury
9. UNDERTAKER (Address)	Fred W. Kr Hagerstown		1/ 0	24. Wes disease or injury In eny way related to occupation of daceasad?
0. FILED 8-/	6-1035-6	teach	Bocces Registrar.	(Signed) Was are town M.
	7.5	lambe are le l		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dati of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEC 0 129	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	22,4113
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neighritis	Mark Historia	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EP 8 1930	July 5,1927	Peritonitis	3 days ago
81	REAU V. S.			
Other contributory causes of			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	11	5	9
U	J	U	0	1

1. PLACE OF DEATH	820	
County Washington	Registration Dist. No. 26	6
Village or City Carattorin	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and	ward
Length of residence In city or town where deeth occurred	s ds. How long in U.S. if of foreign birth?m	osds
2. FULL NAME annie Elizabeth	Doyle	
(a) Residence: No. Constant Md (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 1935
Se. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Jacob Dogle	1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, end year) Oct -21-1858	I last saw here alive on Que 17, 1935	death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2 2 Am.	
76 9 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Wele as follows.	Date of onse
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	10 melast	
< 9. Industry or business in which	1/	Kung
work was done, as SILK MILL, Con Home	Herwardias	1
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40.	fl.	1730
12. BIRTHPLACE (city or town) Poolsville	Dther Contributory Causes of importance	
(State or country) Mond Ca Md		
13. NAME Nathan Oden		-
13. NAME Nathan Oden 14. BIRTHPLACE (city or town) A solswelle (State or country) Most	Name of operation Date of Was there an	autoney?
15. MAIDEN NAME E L'AS LE LA Richardson	23, If death wes due to external causes (VIOLENCE) fill in also the following	
1 02 1-6	Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 1
17. INFORMANT Mrs. Mary Sigles	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL		
Plece Smithstry Md, Date ley. 20., 19-35	Manner of Injury	
19. UNDERTAKER CUM BOARD SOME	24. Was disease or injury In any way related to occupation of deceased?	
100000000000000000000000000000000000000	If so, specify	1 > "
20, FILED LLY 19, 1935 Ser M. Tergusar. Registrar.	(Signed) (Address) The Alexander	C7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
(ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	uly 5,1927	1921 Run over by street car aly 5,1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA-

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	59
County Washington	Registration Dist. No. 362
Village or City Hagerstown.	No. 210 N. Locust St. st. 4 Ward
Village of City 200 010 00 Will a	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where deeth occurredyrs,	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles H. Earnshaw	
(a) Residence: No. 210 N. Locust	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH August 28 ,1935 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	(month) (bay) (feat)
(or) WIFE of Emma J. Earnsh	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 18, 1861.	I last sew h elive on 19 deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
74 6 10. 1day,hr	I ING FRINCIFAL CAUSE OF DEATH and Idiated Causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.	Destrola- and reads
9. Industry or business in which	
work was done, as SILK MILL, Mail Carrier.	
- July	Other Contributory Canees of importance:
12. BIRTHPLACE (city or town) Sandy Hook, Md.	
(Stata or country) Md.	
13. NAME James Earnshaw. 14. BIRTHPLACE (city or town) Maryland.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Keller. 16. BIRTHPLACE (city or town) Frederick County.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Frederick County.	Accident, suicide, or homicide?
≥ (State or country) Md.	Where did injury occur?
17. INFORMANT Mrs Charles H. Earnshaw. (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Place Ven Center Aug 31 ,193	Nature of injury
19. UNDERTAKER Fred W. Kraiss.	24. Was disaase or injury in any way related to occupation of decaased?
(Addrass), Hagerstown	If so, spacify All Dans
20. FILED 8/3/- 1935 Charfforce	(Signed)
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deteased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 000 8 1035	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	2,120,00		i yeur

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

09091

1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. 302
Village or City Man Gansville	No. Mennounts Homes Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.0 yrsmo	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME & alheime El	ely Paris
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX female 4. COLOR OR RACE, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 27-184	3 I last saw balive on 19 - 180; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
91 II 23 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Culino schwi
SAW MILL, BANK, etc	the my ounder 20 yes
this occupation (month and spant in this year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Menti
13. NAME Christian Eberly	
I	Name of operation Date of
4. BIRTHPLACE (city or town) Pa	What test confirmed diagnosis? Was there an autopsy? Was
15. MAIDEN NAME THOUSE	23, if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Charles Eberly. (Address) Hechanicalanist	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mechanicalry Date \$ 24,193	
Myers & Michoung	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER MALE Chaire Course of Co	If so, specify
8/21/ 35 hour House	10 (Signed) M.D.
20. FILED	(Address) — A gentle 24

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6 1935	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

should state item of infor-

(D. Every

of OCCUPA.

Exact statement

be properly classified.

certificate.

ION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

-WRITE PLA

N. B.

STATE OF MARVI AND—	CERTIFICATE OF DEATH 09092
1. PLACE OF DEATH	
of the of	Registration Dist. No. 30.4
Village or City My Lena	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leah Ellen Jan	lders
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Age. 14
Temale Colite married	(Month (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERT FY. That ettended deceased from
(or) WIFE of Serjamin &. I aulders.	Aug 13 1938 to lug 14 1935
6. DATE OF BIRTH (month, day, end year) March - 1- 1891	I lest saw here elive on May 14 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 5A.r.m.
44 5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
9 Trade profession or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Murie Myorardell.
10. Date deceased last worked et this occupation (month end spant in this 7 spant in this	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 5 Leseurla	111 11
(State or country) Wash. Co. md.	Kest Porcheter
14. BIRTHPLACE (city or town)	77000
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there en autopsy?
T P T	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
Bangaring & Dauldus	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Browning Md. R.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece / 10: 1eua Date (1191/6., 1935)	Nature of injury
19. UNDERTAKER 1040 - Day Hoog	24. Was disease or injury In any way related to occupation of deceased?
(Address) Doorsbroo Ma.	If so, specify
20, FILED Lug. 15, 1935 William & Bus	(Signed) Boonsbow, Prof.

(Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related (auses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09093
1. PLACE OF DEATH	946
county Washington	Registration Dist. No. 30 3
Village or City Hagey Stown	No. 12 Elin St., 3 War
a continue of	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosd
C1. R(=11.0)	٧ (
(a) Residence; No. 72 Elm	st. 3 Ward. Doe Gulley W. Va
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Widower.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. VHEREBY CERTIFY, They I attended deceased fro
Troronce V	1/1×/35,19, to 1/1×/35,19
5. DATE OF BIRTH (month, day, and year) Wurl9-1864	I last saw h alive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
B. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, A Y M ey	Coronary Occles
2 Industry or business in which	T. Carlo
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
TO RC NO	Other Contributory Causes of importance:
(State or country) No covague Co W V	Bushela
	020000
13. NAME NO YEAR DE CAY OL	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UD Record.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME WW Record. 16. BIRTHPLACE (city or town). Mo Record. (State or country).	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT School S. Sallehas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place TOE July Whole Mug 14, 1935	Nature of injury
9. UNDERTAKER A. S. C. O. Imau	24. Was disease or injury in any way related to occupation of deceased?
(Address) Haa eystown, had	If so, specify
20, FILED 8-14-1935 Chalf Joeno	(Signed) Syul. Drum
Registrat. If more blanks are needed address State Penisons.	(Address) Nagriston Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	-1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Carebral hemographes	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER	FOR	SPACE	ADDITIONAL
---	----------------------------	-------	-----	-------	------------

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19194
1. PLACE OF DEATH	131) 146
County Machinglan	Registration Dist. No. 2 306
Village or City Coductorore med	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Virgin. C. Salah	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aurini the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
(or) WIFE of York. Siel.	22. I HEREBY CERTIFY, That I attended deceased from
9 -7 1889	, 10, 10, 10
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaers Months Days If LESS than	i last sew h
44. // 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceusas of Importance
9 Trade profession or posticular	wara as follows:
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Ost-parton Eclambria Works.
9 Industry or business in which	
work was dona, es SILK MILL, SAW MILL, BANK, atc. 10. Dete deceased lest worked at 11. Totel time (years)	
this occupation (month end yeer) occupation occupation	
No MILO.	Othar Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) (State or country)	clisome diffuse 6 hos,
13. NAME County Stulley	opanies -
14. BIRTHPLACE (city or town) Useriou 9 avous	Name of operation Date of
(Stata or country)	Name of operation Date of Was thera an eu'opsy?
I 15. MAIDEN NAME Julia. Hect	23. if death wes dua to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Julia . Light 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (Stata or country) + Ald Go med	Where did Injury occur?
17. INFORMANT Jack Leile.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cavelown MA	
18. BURIAL, CREMATION, OR REMOVAL Place The County Dete 1933	Manner of injury
Aller Dete 1933	Nature of Injury
19. UNDERTAKER Sep. 18., 18 tower	24. Was diseesa or Injury in any wey releted to occupetion of daceased?
(Address) Sheethafing food.	If so, specify
20. FILE AUG 10 , 1935 September Tangunou Registrar.	(Signed) Walle to a see M. D. (Address) Wayner Goes Pa
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 8 1695	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	2E1 0 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09095	
1. PLACE OF DEATH		
County Washington	Registration Dist. No. 736.6	
Village or City Capelown In	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. If of foreign birth?yrsds.	
2. FULL NAME Still Bonn.	Gish	
(a) Residence: No. (Usual place of abode)	USt., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wind the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If marriad, widowed, or divorced		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded dacassad from	
10 735	Cling	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7 4 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importanca	
8 Trade profession or particular	Date of onset	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	1-4	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Data dacaased lest workad at this occupation (month and	Sullion	
10. Data dacaased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Coavelown.	Othar Contributory Causes of Importanca:	
(Stata or country) Strash les suco		
13. NAME Noch Levet gist		
13. NAME 14. BIRTHPLACE (city or town) Pebruly Kansas. (State or country)	Name of operation Data of	
(State of country)	What test confirmed diegnosis? Was there an au'opsy?	
15. MAIDEN NAME (sign Stutle) 16. BIRTHPLACE (city or town) Lean Suggestle (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
o 16. BIRTHPLACE (city or town) lean guegald	Accident, suicide, or homicide? Date of injury, 19	
(State or country) I pole te office	Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT Calci Such (Address) Cavelow Line	Specify whether injury occurred in INDÚSTRY, in HOME, or InPÚBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL	Menner of Injury	
Place teller pate 1945	Nature of Injury.	
19. UNDERTAKER Lated to by too way	24. Was diseasa or injury In any way related to occupation of daceased?	
(Addrass) January Agy Mar	If so, specify	
20. FILED lug 10, 1935 Golf tayeron	(Signad) Walle Hushand. M.D.	
Land Registrat.	(Addrass) Wall see On O C	

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CE V	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY PHYSICIAN
To authorization of father mas	ne see but certiliste
and lette filed under Pr. Wisha	1 9-27-35.
	73

AGE should be stated EXACTLY. PHYSICIANS should state

CORD. Every item of infor-

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	210-70
county Washington	Registration Dist No. 302
Village or City MC Gev Stoum.	No. Wash Co trapital st., 3 Ward
Langth of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of sireet and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0 1511	
2. FULL NAME Javid Ellswith	503 Sgrot
(a) Residence: No. Dirqinia Hys. Ex (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH A U.G. 24
Male White Windower	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Emma.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) Jacque 3-1863	I last saw h; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, atm.
72 7 21 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, C Y MEY SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chilomobile accident:
work was done, as SILK MILL, Retired	Skull was crushed, one arme and one leg
2 10 Date deceased last worked et 11. Total time (years)	trakeni CwgR
this occupation (month and occupation 304)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) : dd. le burg	Decased was interisated a stepped from behind and
(State or country)	Butomobile, and was hit by mother automobile
14. BIRTHPLACE (city or town) Middle burg.	going in the opposite devotion
[14. BIRTHPLACE (city or town) Middleburg.	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 1. Company 1.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Wid Wy W WY	Accident, suicide, or homicide? Occident Date of injury
- (State of country)	Where did Injury occur? Maar Half Way, Washington County a md. (Specify city or town County and State)
17. INFORMANT DATHEY! ne Gossard	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	three miles from Hageston, ndy on pike leading to Wolleansports
Place Daver Creek Date Cleg 36, 1935	Nature of injury Reel crushed; one arm and me leg brokens
19 SINDEDTAKED IA K OALL MOGGE	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER ITT IN ACCES TO LINE (Addiess) Hade yes to un cu	If so, specify
20. FILED 8-26-1935-BHOSHBowes	(Signed) C. Ealward Togald
Registrar.	(Address) - Cores oral vyret / Hod-

. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

	county Nashwalors	Registration Dist. No. 302
		VI death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred for yes	mos. 18 ds. How ong in U.S. if of foreign birth?yrs
2	2. FULL NAME SABBLE I AVOSSY	
	(a) Residence: No. Staffword (Usual place of abode)	St., Ward. If nonresident give city or town and State
100000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB-DIVORCED (with the word)	
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Description	22. Out See 1935 to Clary 19 193
6. 1	DATE OF BIRTH (month, day, and year) Salt- 6 = 190	H 1 last saw h. E.R. alive on Deeg 18 , 1935; death is
7. /	AGE Years Months Days If LESS than	
	O or mia.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ON	8. Trada, profession, or particular kind of work done, as SPINNER, House Sawyer, Bookkeeper, etc.	The state of the s
PAT	9. Industry or business in which work was done, as SILK MILL,	
OCCUPATION	SAW MILL, BANK, etc	
Õ	this occupation (month and spent in this year) occupation	
12.	BIRTHPLACE (city or town) Author Male (State or country)	Other Cuntributory Causes of importance:
ER	13. NAME (S. Frifamure # Tutson	
FATHER	14. BIRTHPLACE (city or town) Country (State or country)	Name of operation Data of What tast confirmed diagnosis? Clinically Lot Was there an autopsy?
HER	15. MAIDEN NAME COras of Village	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	INFORMANT Howard Allerous (Address) Sharhaburg ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place De Marian, OR REMONIL Place De Maria	Manner of injury
19.	UNDERTAKER & PROGRAMME TO	24. Was disease or injury In any way related to occupation of deceased? Zee
20.	FILED 8-20-1835 Chart Bowe.	(Signed) Will Klapler and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1905	1915	Attack of epilepsy	1 week o.go
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

INDING	RMANENT	XACTLY
FOR B	IS A PE	stated F
SERVED	INK-THIS	S should be
MARGIN RESERVED FOR BINDING	IX, WITH UNFADING INK-THIS IS A PERMANENT	carefully supplied. AGE should be stated EXACTLY
	Y, WITH	carefully

OCCUPA-

statement PHYSICIAN

Exact

classified.

proper

certificate.

of

back may

on

See instructions

important.

very

18 CAUSE mation

TION

that

in plain terms,

DEATH

OF

should be

M

of plnods

S

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 211-m Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) suble (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS than to have occurred on the date stated shove, at...... The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows: Date of enset 8 Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation ._ Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ ----- Was there an autopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident. Date of Injury 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? mear Bridgepart Telashing to Orionty, md. (Specify city or town, county and Stafe) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT two mules from Ingerstown, on Hagenstown-Cavetown (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Motor-cycle accident. Nature of injury 24. Was disease or injury in any way related to occupation of deceased?... 19. UNOERTAKER (Address) If so, specify. Registrar. (Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zittin pres.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
			1 year

N. B.—WRITE PLAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

AD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09099
1. PLACE OF DEATH	(82-0)
County Washington	Registration Dist. No. 30 2
Village or City Angelas Corum	No. focerthe St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME (S) elle () () () () ()	If U.S. Veteran apecify WAR.
(a) Residence: No. 14 alla Journ Mac. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That i attended deceased from
Shop 101-10:11	Hast say less alive on Que 1935 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last say 1
7/1 4 99 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SOUNDS TOURS	a Ous.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and spent in this comments).	Cerebral apoplean "
SAW MILL, BANK, etc.	1 1985
O 10. Date deceased last worked at this occupation (month and spant in this occupation occupation)	-4
) octopation 2017	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
	arteriosellerous 3/ hyper-
E No a	sension,
14. BIRTHPLACE (city/of town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
H 1	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT MAD W. 6. Drym (Address) BARING FOUN MAY # 3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, COMMATION, OR DEMOVAL	Manner of injury
Place Omisles Mario bate CUY / 1935	Nature of injury
19. UNDERTAKER 1. 1. CORCIOLOS	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bolivia William	If so, specify
20. FILED 8 1/8 - , 19 35 CMALTY Price (Registrar.	(Address) Hagerstown M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis :	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y PHYSICIAN

OCCUPA-

of

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(92-01) (141)
County Washington .	Registration Dist. No. 302
Village or City Hagerstown.	No 465 Park Place. St 5 Ward
***************************************	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where daath occurredyrs,	_mos,ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna Jane Hollenbaugh.	
(a) Residence: No. 465 Park Place. (Usual place of abode)	St., St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	21. DATE OF DEATH
Female White OR DIVORCED (write tha wor	August 30 ,1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Samuel A. Hollen baugh.	22. I HEREBY CERTIFY, That I attended daceased from
	- aug. 19 , 1935, to aug. 30 , 1935
6. DATE OF BIRTH (month, day, end yaar) Dec 15. 1896.	I last sew 1. elive on ang. 29 1935; deeth is said
7. AGE Yaars Months Days II LESS ti	
438 8 15 ormin	
8. Trade, profession, or particular kind of work done, as SPINNER, Home work	acute myocarditis pug 15 35
sawyer, Bookkeeper, atc. Home work.	acute Endocardition Dig 15'81
S. Industry or Dusiness in Which Work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total tima (yaars)	Cerebral Embolism Aug 28 35
this occupation (month end spent in this year) occupation	
Cumberland County.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pennsylvania.	worken (2ms.) 149133
John E. Peiper.	
	Name of operation. Date of
14. BIRTHPLACE (city or town) Penna • (State or country)	Name of operation
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	Accident, suicida, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
Samuel A Hollenhough	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, Md.	Specify whether injury occurred in Thousand, in Home, or in Fourity Flace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Pleca Newvill, Penna Date Sept 2 19	Nature of Injury
10 HADEPLANCE Fred W. Kraiss.	24. Was disaase or injury in any way related to occupation of daceased?
19. UNDERTAKER FIELD WE REALISS. (Address) / Hagerstown, Md.	If so, specify
0/9/ 35 Bunsty 3000	(Signed) S. Polics /- Wells M.D.
20. FILED Registr	. (Addrass) 115 No Potomor, Bangerstone and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10

ADDITIONAL SE	PACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN

	f infor-
	item o
)	Every
	Control.
	RE
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-
OR	SA
FI (SIS
图	LHI
SER	NK-
贸	G I
z	NIC
ARGI	JNFAI
121	H
	WIT
	TLY,
	PLAIL
	RITE
-	-WI
No.	B.
, s	ż

1.	PLACE OF DEATH			
	County Maching lang		Registration Dist. No. 300	
	Village or City Bushers les		NoSt.,St.,St.,St.,	
2	(a) Residence: No.	dyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos St., Ward. If nonresident give city or town and State	ds
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH. (Month) (Oay) (Y)	ear)
5a.	If marriad, widowed, or divorcad HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dacease	
6. T	DATE OF BIRTH (month, day, and year) Key-1	01. 1935	I last saw h alive on; death	
7. A			to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onset
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	u	Still brow	
)PA	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		2 ms begnanly	
OCCO		Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) - Braces leaves (Stata or country)	v. ml.	Other Contributary Causes of importance:	
ER	13, NAME Miller O. Huf	fer.		
FATH	14. BIRTHPLACE (city or town) - Bases (State or country)	land	Nama of operation	
2	15. MAIOEN NAME Solve 1. 2	Jullandare	What test confirmed diagnosis? Was there an autopsy 23. If death was due to extarnal causas (VIOLENCE) fill in also tha following:	<i>!</i>
MOTHER	16. BIRTHPLACE (city or town)	ugh.	Accident, suicide, or homicide?	9
17.	INFORMANT Melleur and Sul	Hard .	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL NAME	_	Manner of injury	
	PlaceOate	, 19	Nature of injury	
19.	UNDERTAKER VOUL (Address)		24. Was disease or injury in any way related to occupation of deceased?	
20	FILED Dequist 1719 35 William	w. C. Back	(Signed) Alusterst frade	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPE 1 1995			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEAT	H 09102
County	Washingto	n		Registration Dist.	No 304
Village or City	Millstone			No. death occurred in a hospital or institution, give its NAME inst	St., Ward
Length of residen	ce in city or town where	death occurred	(1) 3.0vrsmos	death occurred in a hospital or institution, give its NAME inst ds. How long in U.S. if of foreign birth?	ead of street and number)
	E Jerry I		Edministration		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				St., Ward.	
	No. Millsto			If nonresident give	city or town and State
-	L AND STATIST			MEDICAL CERTIFICATE OF	FDEATH
Male	. color or race White	5. SINGLE, MAI OR DIVORCE Marr	RRIED, WIDOWED, ED (write the word) ied	21. DATE OF DEATH August 7	(Day) (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced Susie J.	Hull	,	22. I HEREBY CERTIFY,	, , , , , , , , , , , , , , , , , , ,
6. DATE OF BIRTH (mo	nth, dey, and year)	ril/S	1874	I last sew h alive on 2	, 193 45; death is said
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 100P_	
61	3	22	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	
8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Washington County (State or country) 13. NAME Otho Hull 14. BIRTHPLACE (city or town) Washington County (State or country) Md.				Other Contributory Causes of Importance: Name of operation— What test confirmed diagnosis	Date of
15. MAIDEN NAME	Anna M. H	louck		23. If death was due to external causes (VIOLENCE) fill in a	iso the following:
17. INFORMANTMr (Address) 18. BURIAL, CREMATION	ty or town) Washi un'ry) S. Raymond I illstone, Mo I, DR REMOVAL	Md. Counkers		Accident, suicide, or homicide? Date Where did Injury occur? (Specify city or lown Specify whether injury occurred in INDUSTRY, in HOME, of Manner of injury	
19. UNDERTAKER Sny	der-Rowland Slearspting	Funeral Md	Mana Mana Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation If so, specify (Signed) (Address) (Address) 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.	of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	P	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Tobias

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

N. B.

D. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1	1. PLACE OF DEATH				93-0		
	County Washington Village or City Hagerstown					Registration Dist. No. 307 No. 327 Elizabeth Street St., 2 W death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	/ard	
							_03.	
	2	(a) Residence: No			Id.	./		
	-	PERSONAL AND	DSTATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
		Female 4. color		5. SINGLE, MAR OR, DIVORCEI W1. dow	RIED, WIOOWED, O (write the word)	21. DATE OF DEATH August 18 ,1935. (Month) (Day) (Year	5	
	5a.	If married, widowed, or divorming HUSBAND of (or) WIFE of Th		Hull		22. HEREBY CERTIFY That I ettended deceased 1935, to 5, 193	from	
e.	6. 1	DATE OF BIRTH (month, day,	end year) OC	tober 1	, 1860	I lest saw her elive on 8/17 19.32; death Is	said	
certificate	-	AGE Years 74	Months 10	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 10:45Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	nset	
back of ce	OCCUPATION	8. Trade, profession, or par kind of work done, e SAWYER, BOOKKEEF 9. Industry or business In work was done, as SI SAW MILI, BANK et	es SPINNER, HOPER, etc. HOPER, etc. HOPER, etc. HOPER, etc. HOPER, etc.	me Work	ς	direct with myorardis failure	.2.	
	220	SAW MILL, BANK, etc			ime (years) nt in this upation	Other Contributory Causes of Importance:		
instructions on	12.	BIRTHPLACE (city or town) (State or country)	Washin Md		unty	Other Conditions of Career of Importance.		
nst	ER	13. NAME Henry	Reed					
See	FATH	14. BIRTHPLACE (city or tov (State or country)	wn)Wash	ington.	County	Neme of operation / None Date of What test confirmed diegnosis? Cliqued Was there an autopsy?	10	
nt.	IER	15. MAIOEN NAME	Jnknown			23. If death was due to external causes (VIOLENCE) fill In also the following:		
important	MOTH	16. BIRTHPLACE (city or tov (State or country)	wn)	n known -		Accident, suicide, or homloide? Date of injury, 19		
yery in	17. INFORMANT Mrs. C. A. Mills (Address) Hagerstown, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
S	18. BURIAL, CREMATION, OR REMOVAL PlacePark Head Cemet Date Aug. 21 , 19.35					Manner of injury		
TION						24. Was disease or injury in eny way related (6) occupation of deceased? AND		
	20.	FILED 8-2/-, 1	35-62	astr	Registrar.	(Signed) (Address)// DWW agos to Hay cash Mil	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I V E		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ther contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	PERMANENT
R	4
FOR	IS
RESERVED	INK-THIS
IARGIN RI	UNFADING

state infor-

PHYSICIAN CORD.

classified

that

supplied

should be carefully

DEATH

OF

item of pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH of (If death occurred in a hospital or institution, give its NAME instead of street and number) 2 __mos. 2 7 ds. How long in U.S. if of foreign birth?___ statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. DIVORCED (write the word) ans 5a. If marriad, widowed, or divorced HUSBAND of HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of .___. 19_____ to____ 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the data stated above, at & Pop I day,hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. Date of onset Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... may back on 10. Date deceased last worked at 11. Total time (yaars) this occupation (month and spent in this occupetion _. instructions 12. BIRTHPLACE (city or town) (Stata or country) plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town). Neme of operation. (State or country) What test confirmed diagnosis?_ Was thera an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death wes due to axternal causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, sulcida, or homicIda? (State or country) Whera did Injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) CREMATION, OR REMOVAL Manner of Injury mation s LION Nature of Injury. 24. Was diseese or injury in any way related to occupation of deceased? (Addrass) if so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

(t	kample I		Example II		
The principal cause of de of importance were as follows:	ath and caped causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 6 1935	1315	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	S July 5,1927	Peritonitis	3 days ago	
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	1				
	• 4	- 5	•	-	
and the second			4.5	2	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

item of infor-

AD. Every

Exact statement of OCCUPA-

F	
RESERVED	
RESE	
ARGIN	
P	

V. S. No. 1 N. B.

09105 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
county (1) aduce ou	Registration Dist. No.
Village or City 1770 Comments of the Comments	No. 8 22 O aft Hill hose 3 W
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Solice C. Louis &	u
(a) Residence: No. 822 O E/T Ket 4	Dest. S Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male use to OR DIVORCED (write the word)	193.0
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Made Proceedings 11 - + 00	22. L I HEREBY CERTIFY, That I attended deceased f
arena Mulgell	Musch ,1934, 10 ang 9, 19 0
DATE OF BIRTH (month, day, end year) July 25 1854	I last saw h Lamalive on any 9 , 1913 S; deeth is
. AGE Years Months Deys If LESS then	to have occurred on the date steted above, at 3 m.
8/ 0 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or perticular	were as follows:
kind of work done, as SPINNER,	Chrome & Formelule,
MITTER DOURNELFUN EUG.	- Orac Some
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
1 10 Date deceased last worked at /// 11 Total time (veste)	
this occupation (month and year) spent in this 40%	
7:1/2.	Other Contributory Causes of importance:
(State or country)	of Where
	- hronie My o c us delas. Auran
13. NAME Samuel Tigell 14. BIRTHPLACE (city or town) Range Lay	tion : fine years Coul of
14. BIRTHPLACE (city or town) — Haceflay	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Line 6 - Houselle Kank	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Acts Legs	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur?
Malla Hatall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT CALL CONTRACTOR OF CONTRACTOR O	Specing mistiles injury occurring in INDOSTRI, in NUME, OF IN PUBLIC PLACE.
(Address) & 2 2 Collified line. 8. BURIAL, CREMATION, OR REMOVAL	M
Plece / Adaptor Dete 12, 1935	Manner of injury
Tiene Language Dele 1999.	Nature of injury
19. UNDERTAKER Consultant House	24. Wes diseese or injury in eny way releted to occupation of deceased?
(Address) Lag Enstoyen Jude	If so, specify
8-12-0 35 lottes Hy seconds	(Signed) and Tauffer
20. FILED Registrar.	(Address) Hagerstown -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SFP B 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement NLY, WITH UNFADING INK-THIS IS A PERMANENT RE

ARGIN RESERVED FOR BINDING

of OCCUPA-

properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DE	ATH			201-d)	
Villa	age or CityI	Washi Hagerstow	n		ND. Stone Quarry-Mitchell Stye death occurred in a hospital or institution, give its NAME instead of street and	• S Ward
					ds. How long in U.S. if of foreign birth?yrs	nosds.
		Gorge			5	
(a)	Residence: No.	131 W. N	(Usual place		St., Ward. If nonresident give city or town an	d State
PE	RSONAL A	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		lor or RACE	5. SINGLE, MAI OR DIVORCE Sing.	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 15, (Month) (Day)	, ₁₉₃ 5 •
5a. If merrie HUSBA (or) W	ed, widowed, or d AND of IFE of	ivorced			22. I HEREBY CERTIFY, That I ettended	
-		Λ ÷	gust 2	9. 1917		
7. AGE	BIRTH (month, Years	Months	Days	If LESS than	to have occurred on the date steted above, at 11:30A	; ueatii 15 Satu
	15	11	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
9. Indi	ustry or business work was done, a SAW MILL, BAN's de deceased last this occupation (1 year) **LACE (city or tow the or country) ME Lem	le, as SPINNER, EEPER, etc. Sin which is SILK MILL, (, etc. worked et nonth and Hagers Md. Let Johns town) McKe	11. Total spi occ	time (yeers) ant in this cupation	Other Cautributery Causes of importance: Name of operation	
		Elsie Jor			What test confirmed diegnosis? Was there an	
17. INFORM (Add	ANT Lem dress) Hag cremation, of	town) Winch () Va uel Johns erstown, R REMOVAL	mester, Md.	. 17 ,19 35	23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Control Date of Injury of Mere did Injury occur? (Socity city or town, county and State Specify whether injury occurred in INBUSTRY, in HOME, or in PUBLIC Planner of Injury Occurred In INBUSTRY, in HOME, or in PUBLIC Planner of Injury Occurred Injury Occurr	الكورك
19. UNDERT		ed W. Kragerstown	host	Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
CEP B 1935	1915	Attack of epilepsy	1 week ago
itis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
ses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	death and related causes follows: SEP 8 1095 itis RUPEAU V. S.	death and related causes Date of onset follows: 1915 1921 July 5, 1927 ses of importance:	death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Sees of importance: Other contributory causes of importance:

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

ì	0	0	13	
Ĵ		1	U	6

1. PLACE OF DEATH	(124E)
County Washington	Registration Dist. No. 302
Village of City Afaxerstons - Chash.	Con. Hospital St 3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	s. 2/ ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chilbure C. Jones	
(a) Residence: No. Haguston Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceesed from
(or) WIFE of Helen a. Jones	July 19 1930 10 Munist 24 1936
6. DATE OF BIRTH (month, day, and year)	Mast saw h. m. alive on August 124 1931 death is seid
7. AGE Years Months Dys If LESS than	to have occurred on the date stated above, at 57 15P m.
49 6 21 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade profession or particular	were es follows:
SAWYER, BDDKKEEPER, etc. Proprietor	0:1
kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	arthosis of Lucli 1927
work was done, as SILK MILL, of frestaurant	
spent in this	Service Control of the service of th
year) - f A great 1935 occupation - 92	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) Meddletone	
(State or country) Fred. Co. Md.	Clime Myocardelis.
13. NAME State Jones 14. BIRTHPLACE (city or town) Boonsboo	Chrone Preplicatios.
4 14. BIRTHPLACE (city or town) Ounder	Neme of operation Date of
(State of Country) Wash. Co. Ma.	Whet test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Mary C. yourkins 16. BIRTHPLACE (city or town) — Middletone	23. If death was due to externel causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) fred, Co. Ind.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Mrs. A elen a Jones	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
Hayerstone Fred. 123 W. Franklin.	£
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Boonsono Cerutary Date (lug. 27. 1936)	Nature of injury
19. UNDERTAKER Way Dast 40 ory	24. Was disease or Injury in any way releted to occupation of deceased? 200.
(Address), Boongling Md.	If so, specify f
20. FILED 8/26/ 1935 Charff Source	(Signed)
Registrar.	(Address) 200 notoro.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ause of death and related causes Date of onset were as follows:
y 1 week ago
t car 1 week ago
3 days ago
cory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF	DEATH				
	CountyWa	shington			Registration Dist. No. 3	02
1		y Hagerstown			No. Wash, County Hospital St., death occurred in a hospital or institution, give its NAME instead of atreet and r ds. How long in U.S. If of foreign birth?	Ward ward
		E Rose M.				
					St. + Ward.	
	(a) Residence	e: No. 58 E.	(Usual place	of shode)	St., Ward. If nonresident give city or town and	State
comp		L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	sex Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Married	21. DATE OF DEATH August 25 (Month) (Day)	, 193 5
58	a. If married, widowed HUSBAND of (or) WIFE of	Robert I). Kelle	r	22. I HEREBY CERTIFY, That I attended	- 101817
e 6.	. DATE OF BIRTH (m	onth, day, end year) Ma	av 3. 18	382		_; deeth is said
certificate	. AGE Years 53	3	Days 22	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at1.45 mA • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
NOIN	8. Trade, professi kind of wo SAWYER, E	rk done, es SPINNER, BOOKKEEPER, etc			Chronic Nephonis with Whenia	2 yrag
back of	9. Industry or bu work was o SAW MILL	, BANK, etc	Home Wor	ck		
s on b	10. Date deceased this occupa year)	ition (month and	Sp6	time (years) ent in this upetion		-
instructions	2. BIRTHPLACE (city (State or count)		County	Md •	Other Contributory Conses of importance:	8/5/35
ER	13. NAME	Ruben Rohi			Ī	
FATH	14. BIRTHPLACE (city or town)Wasl		y Md.	Name of operation force Date of	autoney?
HER HER	IS. MAIDEN NAM	E Anna A.	Keplins	rer	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)Wasl			Accident, suicide, or homicide? Date of injury	
ery 1	7, INFORMANT (Address) 8, BURIAL, CREMATIO	Mr. Rober)r	(Specify city or town, county and Stal Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	
20		gerstown, 1	Id Date Aug	27,,1935	Manner of Injury	1
rion	9. UNDERTAKER	Fred W. Kra		7/ 4	24. Was disease or Injury In any way related to occupation of deceased?	И
2	0. FILED 8- 20	19 95	Trout	Registrar.	(Signed) Township Hagrely	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	101
The principal cause of death and related causes of importance were as follows: Arteriosclerosis BUREAU V.	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1000	Other contributory causes of importance:	
Outdoores	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
------------	-------	-----	---------	------------	----	----------	---

M)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REOCKD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	RECORD, Ever	. PHYSICIAL	Exact statemer	
BINDING	ERMANENT	EXACTLY	y classified.	te.
D FOR	IS IS A F	e stated	e properl	f certifica
MARGIN RESERVED FOR BINDING	G INK-TH	GE should b	hat it may b	TION is very important. See instructions on back of certificate.
MARGIN	UNFADIN	supplied. A	n terms, so t	ee instructio
	VLY, WITH	e carefully	ATH in plain	nportant. S
	RITE PLAN	d bluods no	ISE OF DE.	N is very in
V. S. No. 1	N. BWI	mati	CAL	TIO

County Wilage or City Wiley County Wilage or City W	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0910
Village or City Langth of residence in city octown where death occurred	115	Registration Diet No. 3 0 2
Length of residence in city of form where death occurred. 2. FULL NAME (a) Residence: No	The same of the sa	(3 B/1 D/
(a) Residence: No. S. & Ward. If nonresident give city or town and State		
(a) Residence: No. S. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (winive the word) A. If married, wildowed, or divorced (winive the word) A. If married, wildowed, or divorced (winive the word) DATE OF BIRTH (month, day, and year) A. AGE Years Months Oays If LES (han l day, hrs., l day,	2. FULL NAME aliel Vivain	a Teroliner
PERSONAL AND STATISTICAL PARTICULARS		St., Ward. If nonresident give city or town and State
OR DIVORCED (currie the wood) A. If married, widowed, or divorced that married, widowed, or divorced that married (in) wife of the control o	PERSONAL AND STATISTICAL PARTICULARS	
Ill married, widowed, or divorced HUSBAND of (or) WIFE of 3. DATE OF BIRTH (month, day, and year) 3. DATE OF BIRTH (month, day, and year) 3. DATE OF BIRTH (month, day, and year) 3. Trade, profession, or particular 4. AGE 4. Trade, profession, or particular 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. Date of succession, or particular 8. Trade, profession, or particular 9. Justicular (addess) 10. DATE OF BIRTH (month, day, and year) 11. Less awa alive on the date stated above, at. J. J. J. 12. Less awa alive on the date stated above, at. J. J. J. 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 10. Trade, profession, or particular 10. Date decessed last warked at the		4-
HUSBAND of (or) WIFE of 3. DATE OF BIRTH (month, day, and year) 4. AGE Years Months 1 day 1	If married wildowed or disposed	
DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than 1 day, hrs. or min. S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Individual to have occurred on the date stated above, at. J. M. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country or business in which work was done, as SILK MILL, SAW MILL, BANK MILL	HUSBANO of	0 / 9
AGE Years Months Days If LESS finan 1 day, hrs. or min. 8. Trade, profession, or particular for min. 9. SAW MRIL, BANK MILL, SAW	DATE OF BIRTH (month day and year)	A
8. Trade profession, or particular kind of work done as SPINNER. 9. Industry or business in which work was done as SPINNER. 10. Date doceased last worked at this occupation (month end year) 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. 30 Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? 18. Was disease or injury in any way related to occupation of deceased? 19. 30. Aggraphory 19. 30. Aggraphory 19. 30. Aggraphory 20. Was disease or injury in any way related to occupation of deceased? 19. 30. Aggraphory 21. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Was disease or injury in any way related to occupation of deceased? 26. BURIAL OREMATION or REMOVAL Place 18. Trade professions or particular in this 19. Aggraphory 29. UNDERTAKER Address) 19. Aggraphory 10. Date of injury 10. Date of injury 11. Total time (years) 10. Date of importance: 10. Date of importance: 11. Total time (years) 12. Date of importance: 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL OREMATION, OR REMOVAL 19. 30. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 19. 30. Specify whether injury occurred in injury 24. Was disease or injury in any way related to occupation of deceased? 18. Sirther Country in any way related to occupation of deceased? 18. Sirther Country 19. Was disease or injury in any way related to occupation of deceased? 19. 30. Specify whether injury occurred in injury 24. Was disease or injury in any way related to occupation of deceased?	AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4.4.
kind of work done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? 18. Other Centributery Causes of Importance:	8 Trade profession or particular	were as follows:
Other Contributory Causes of Importance: Other Contributory Other Contributory Causes of Importance: Other Cont	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Other Contributory Causes of Importance: Other Contributory Causes of I	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jestisch Janly 123
Other Centributery Causes of Importance: Other Cau		<u> </u>
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. Manner of injury Nature of Injury If so, specify If so, specify	2. BIRTHPLACE (city or town) Dag evatoure	
What test confirmed diagnosis? Was there an autopsy 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL Place Date of Injury Mat test confirmed diagnosis? Was there an autopsy Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If so		- they 175
What test confirmed diagnosis? Was there an autopsy 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL Place Date of Injury Nature of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If on specify What test confirmed diagnosis? Was there an autopsy Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If so, s	13. NAME In Terthirer	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 16. BURIAL, CREMATION, OR REMOVAL Place (Address) 17. UNDERTAKER (Address) (Ad	14. BIRTHPLACE (city or town) ask (0) (State or country)	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Place Address UNDERTAKER CAddress Place (Address) Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If so, spec	15. MAIDEN NAME Susie Weaver	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Place Address UNDERTAKER CAddress Place (Address) Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If so, spec	16. BIRTHPLACE (city or town) Wesle teo	Accident, suicide, or homicide? Date of injury, 19
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 5-3 8 W 6 Currle St. BURIAL, CREMATION, OR REMOVAL Place Staff Total Oate 9, 19-3 Nature of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	(State or country)	Where did injury occur?
Place Hay extrum Oate 19. 19.31 Nature of Injury. 9. UNDERTAKER Bluster to way 24. Was disease or injury in any way related to occupation of deceased? (Address) Faguratown and if so, specify		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
9. UNDERTAKER Bluster + Sour 24. Was disease or injury in any way related to occupation of deceased?	8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) Hag gran for you and if so, specify	Place Loag extrum Oate // , 19 3V	Nature of Injury
a colo III a la l		
20. FILED (Signed) Registrar. (Address)		(Signed) N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
		1 year	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

N. B.—WRITE PLAIN

V. S. No. 1

	item of infor-	should state	of OCCUPA-	
	IT RECORD. Every	LY. PHYSICIANS	. Exact statement	
FOR BINDING	IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
MANAGEN INFORMATED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH'in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WIT	mation should be carefull	CAUSE OF DEATH'in pl	TION is very important.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:0
County Hasking line	Registration Dist. No.
Village or City Highfuld	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Seo. Fashenden	Lettoman
(a) Residence: No. Highfuld Mul. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed, or divorced	21. DATE OF DEATH Of DEATH (Dey) 193 (Year)
HUSBAND of (or) WIFE of Carrie B. Smith.	22. I HEREBY CERTIFY, That I ettended deceased from 10 - 10
6. DATE OF BIRTH (month, dey, and year afail 17, 1853	I last saw h elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted ebove, et. 6: 4-0-m!
Trade profession or anativular	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trede, profession, or perticular kind of work done as SPINNER, SAWYER, BODKKEEPER, etc	Total Garden Mar and I
9. Industry or business in which work was done, as SI K MIII	on in my oundition
work wes done, es SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this yeer) occupation	
12. BIRTHPLACE (city or town) Lettyslung aclams Co. (State or country)	Dther Contributory Canses of Importance:
13. NAME Site Nettomans	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
E 15. MAIDEN NAME Mary Johns	What test confirmed diagnofish Community Westhere an europsy?
16. BIRTHPLACE (city or town) Decated (Stete or country)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mes of m M. Happel (Address) Nightield mid	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bethir Cemetry Date 87/75 5, 1935	Menner of injury
19. UNDERTAKER Halter of Guerraline Fa.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED ang 5 , 1935 Seoff Fenguson	(Signed) The Profession M. D. (Address Plan Richellumin)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
ï	50	DO
of	n ld	000
item	sho	of (
1	S	+
ver	A	ner
E .	ICI	ter
&D	XS	sta
30	He	ct
EE		xa
LI	Ĭ.	H
Z	L	Ġ.
N	CJ	ifie
MA	A	255
R	X	cl
PE		rly
A	tec	be
IS	sta	pro
HIS	be	pe
H	plu	lay
IK.	sho	t m
Z	3	it i
NG	AG	tha
DI		SO
FA	ied	ns,
Z	ppl	eri
1	su	in t
T	lly	lai
W	[nj	n I
5	are	H
F	e	T
K	q l)E
Tr	onlo	I
E	she	0
E	H.	SE
R	ti	2
1	- 60	4 1

certificate.

See instructions on back of

TION is very important.

V. S. No. 1 N. B. STATE OF MARYLAND-CERTIFICATE OF DEATH

09111

1. PLACE OF DEATH						(23)
	County	Washing		•		Registration Dist. No. 302
	Village or C	ity Hager	tow	n.		No. 117 N. Cannon Ave. St. 4 Ward
						death occurred in a hospital or institution, give its NAME instead of street and number)
						ds. How long in U.S. If of foreign birth?mosds,
1	2. FULL NA	ME George	Gai	1 Kin	sey.	
	(a) Residen	ce: No. 117 N	. Ca	nnon	Ave.	St., 4 Ward.
-	DEDCOM	IAL AND STATIS		(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	SEX	4. COLOR OR RACE		-		21. DATE OF DEATH A A A
3. SEX 4. COLOR OR RACE Nale 4. COLOR OR RACE OR DIVORCE (write the word) Married Married				& DIVORCEI	(write the word)	aug 20 193 6'
52	. If marriad, widow			THE LIT	eu.	(Month) (Day) (Year)
Ja.	HUSBAND of (or) WIFE of		a v	insey		22. HEREBY CERTIFY That I Attended daceased from
	(01) 11112 01	Start	ia n	rnsey	•	1957, 10, 1957
6.	DATE OF BIRTH	(month, day, and yaar)	Jul	у7,	1886.	I last saw h alive on
7.	AGE Yea	rs Months		Days	If LESS than	to have occurred on the data stated above, at
	49	1		19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8. Trade, profas	ssion, or particular		26 3		Mall College 148
TION		work dona, as SPINNER, BOOKKEEPER, atc	Auto	Mech	anic.	The last of the la
OCCUPATI	work was	business in which s dona, as SILK MILL,				WAR THE WAR TH
2	10. Date decaas	L, BANK, atcad last workad at		11. Total ti	ma (yaars)	TO THE STATE OF TH
0		pation (month and		sper	nt in this pation	15 and the way
		Was	hine	rton C	County.	Other Contributory Couses of Importanca:
12	. BIRTHPLACE (ci		ryla			
2	13. NAME :	Samue	_			A #
FATHER	14 DIDTHOLAGE	IM-			County	Name of operation All All Date of
FA			ryIa			What tast confirmed diagnosis? Was there an autopsy?
S.	15. MAIDEN NA	ME Su	san	Winde	ers.	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16 PINTURI ACC	TATO			County.	Accident, suicide, or homicide? Date of injury, 19
MO		(city or town)	aryl	and.		Where did injury occur?
		Mrs St	aida	Kins	sev.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
17	(Address)	Hager				
18	BURIAL, CREMAT	TION, OR REMOVAL			00 75	Mannar of injury
	PlaceROS	e Hill Cem	et Da	ita AUE	z8 _{,19} 33	Nature of Injury
10	UNDERTAKER	Fred	W.	Krais	35.	24. Was disaase or injury in any way related to occupation of dacaased?
19	(Addiass)	Hage			110	If so, specify AMMAN AND AND SY A
000	8/2	6/ 35	ofe	def	23 occos	(Signed) M. D. M. D.
20	. FILED.	10		/	Registrar.	(Addrass)
		If m	ore blank:	s are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ca of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SEP 6 18	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	Mug 1,1000	duel outer total	1 yeur	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			The second	93-0			
County Was				Registration Dist. No. 302			
Village or City GOR	Hager	stown, 1	Md .	No. 128 John St. st. 4 War			
			(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?			
2. FULL NAME							
				St. Ward.			
(a) Residence: No.		John St (Usual place	of abode)	If nonresident give city or town and State			
PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
Male 4. COLOR OF	R RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) OWed	21. DATE OF DEATH August 24 , 193 5 (Month) (Day) (Yaar)			
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		Kline	AVER THE	22. I HEREBY CERTIFY. That I attended deceased fro			
inc. vilotime little ill il		ugust 2	. 1861.	I last saw h la alive on Oug 30 , 19 34 ; death is sa			
6. DATE OF BIRTH (month, day, end 7. AGE Yeers 7.4	Months	Days 22	If LESS than 1 day,hrs.	to heve occurred on the date steted above, at9:45_mP • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8. Trade, profession, or particu	ılar	1	ormin.	ware es follows:			
kind of work done, as S SAWYER, BOOKKEEPER,	PINNER,			1			
kind of work done, as S SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, work was dona, as SILK SAW MILL, BANK, atc 10. Date deceesad last worked	ich MIII D	433 01		myocarlibes chimic			
SAW MILL, BANK, atc	mic. Re	tirea S.	nerill				
this occupation (month e	end	spe	ima (yaers) nt in this upation				
				Other Contributory Causes of importanca:			
12. BIRTHPLACE (city or town) (State or country)	Mar	vland		acute gastrixe.			
监 13. NAME William							
13. NAME William 14. BIRTHPLACE (city or town)				Name of operation Dete of			
(State or country)	Mar	yland		What test confirmed diagnosis? Was there an autopsy?			
出 15. MAIDEN NAME Na.n	cy Mi	lls		23. If death was due to external ceuses (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Na.n 16. BIRTHPLACE (city or town).				Accident, suicide, or homicide? Date of Injury, 19			
∑ (State or country)	Ma	ryland		Where did Injury occur?			
17. INFORMANT Mrs Jo (Address) Hager	hn Go			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMO Placa Shank Tow	VAL		. 27, 19 35	Manner of injury			
19. UNDERTAKER Fred	W. K	raiss		24. Was disaase or injury in eny way related to pccdpation of daceesed?			
		wa / Md	111	If so, specify Al-			
20. FILED 8-26.	356	skelf	/source	(Signad) Ally Jayman M.			
		776	Registrar.	(Address) - Jacques Assault - Mary			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as Arteriosclerosis	death-and related causes follows: CEVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr	itis SEP B 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:	4-1-1-1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

10	1	1	3	
U	7	J.	0	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Caslington	Registration Dist, No. 362
Village or City Leiter Leurg, ns.	No. St. Ward
(IF	death ccurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
(a) Residence: No. Lucarumy	St., Ward.
(Usual place abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
or progreed (writing word)	(Mophy) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	aug. 25 1935 to aug. 25 1935
6. DATE OF BIRTH (month, day, and year) 8 - 25-/935	I last sw h er elive on any 250 , 1935; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at \$1.0 Q.m.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were applollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	trispalue with at
SAWYER, BOOKKEEPER, etc	8 Month,
work was done, as SILK MILL, SAW MILL, BANK, etc	See Och Told
10. Date deceased last worked at this occupation (month and spent in this	octoria cara
yeer) occupation	Other Contributory Cause of Importance;
12. BIRTHPLACE (city or town) Leitersburg, Mid	
13. NAMEBalvin 7. 1000xxx	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy? 20
15. MAIDEN NAME Musey Miller	23. If death was due to external couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Franklin 6, Fa	Accident, suicide, or homicide?
17. INFORMANT Coors (Address) Hagerstown PF4	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMOLIA, OF REMOVAL	Manner of injury
Plece Dete 0/26/, 1953	Nature of injury
19. UNDERTAKER Calotin & Koorro (Addiess) Hagerstown Rf 4	24. Was diseese or injury in any way related to occupation of deceased?
8/11/ 35/ Behar La Senson	If so, specify (Signed) M.D.
20. FILED Registrar.	(Address Waynelslow Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and relate of importance were as follows;	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 8 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIDEALI	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
ó	
No.	
UŽ	
>	

1	County Washington	Registration Dist. Np. 3//
	Village or City Robbans X Rosads	Np. St. War
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	80 9 4.	ds. How long In U.S. if of foreign birth?yrsmosd
2	2. FULL NAME THIN A PAWA	
	(a) Residence: No. V / O a LA MOTO (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH Aug 27 1935 (Month) (Day) (Year)
5a.	If married, widowed, or divorcad HUSBANO of	22. I HEREBY CERTIFY, That I attanded deccased fr
	(or) WIFE of	
6. 1	DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; death is s
7.	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 10 .m.
	14 0 8 1 day, hrs. or mis.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NO	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
ATI	9. Industry or business In which	
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	automobile accidente
00	10. Date decessed last worked at this occupation (month and year)	
	21-121111111111111111111111111111111111	Other Contributory Canses of importance:
12.	(State or country)	
ER	13. NAME LOWE & Lawis	6.7, 4.
FATHER	14. BIRTHPLACE (city or town) William shorting	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Pallies Richmon	23. If death was dua to external causes (VIOLENCE) fill In also the following:
MOT	16. BIRTHPLACE (city or town) Downs willing mal	Accident, sulcide, or homioid for Accident, Date of injury 127 19-3
	(State or country)	Where did Injury occupation (Specify city or town, county and State)
17.	INFORMANT AND AGENCY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury Pail road Crooms word
	Place Manor Campata Muy 60935	Nature of Injury
10	UNDERTAKER G & Surran & Co	24. Was disease ar injury In any yay related to coupy on of deceased?
13.	(Address) Krashywally (Mal	If so, specify And
00	FILED aug 29 1935 T. X. D. I Strange	(Signed) factor Corons M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1985	July 5,1927	Peritonitis	S days ago	
Other contributory causes of importance:	111 1000	Other contributory causes of importance:		
Vausumes	May 1,1923	Gastroenterus	1 year	

V. S. Mo. 1 N. B.—

1. PLACE OF DEATH	2062m
county Washington	Registration Dist. No.
Village or City Lahrans X Roads	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. D.ds. How long In U.S. if of foreign birth? yrs. mos. ds.
M. P. F. Jania	
2. FULL NAME ITUME OF A POWER	o. Wd
(a) Residence: No. / Oout Store. (Usual place of abode)	St., Ward. If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wije the word)	21. DATE OF DEATH (Month) (Month) (193 5 (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attended decaased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 3 = 1918	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1030Pm
16 10 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	
9. Ipdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	automobile accident
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. lodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato deceased last worked at this occupation (month and	-
this occupation (month and spant in this occupation	
St Farres Md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or too) (State or country)	
II 13. NAME Low & Kawis	
13. NAME 10 the Karris 14. BIRTHPLACE (city or town) Mallianus for 1- mg	Name of operation Date of
(State or country) Wash Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nalling Richard	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Downs will ma	Accident, sulcide, or homicide of fraction bate of Injury
(State or country)	Where did injury occur. Specify city or town, county and State)
17. INFORMANT IN THE FORM TRAVELS	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Boons boro) Mill	
18. BURIAL, CREMATION, OR VEMOVAL Place Name Lane Date Ding 25, 193	Manner of injuly Thursday Congression
090	The Color of The C
19. UNDERTAKER S Survey 19.	24. Was disease a injury in any way related to occupation of deceased?
(Address) Phase Knift (A)	If so, specify
20. FILEDULG J. 1933. S. S. S. S. S. S. S. Registrar,	(Signed) M. I. M.
" for the second	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

00115

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes pate of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importances.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	1	1	6
U	U	1	1	(1)

1. PLACE OF DEATH	122-01
county Washington	Registration Dist. No. 3 d 2
Village or City Hayastoun - W	death occurred in a horpital of inflitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	24 Landbow long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Herbert alvey Li	year If U.S. Veteran specify WAR. LITTLE U.S. U.S.
(a) Residence: No. June place of abode)	At.; Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LUIS 2 1935
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of Manager 1. Lines	22. I HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Ward - (2 ~ 897	I lest saw the same alive on 2 9 49 35; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 50 m.
38 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	acute he patito
work wes done, es SILK MILL, Jenesal -	- Carrier Carrier
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spant in this occupation occupation	
70	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) f. Mylraude (State or country)	I place ale t
	Journ ny operation
E Washington	Name of operation Herniatomy Dete of Que 2-35
(State of County)	Whet test confirmed diagnosis? Agriculture & Was there an autopsy? 710
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) tred. Co, md.	Where did injury occur?
HUAGGEST Town Jad. J. S. 4 Ridge asks.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAY, CREMATION, OR REMOVAL	Manner of Injury
Place Place Date Lang. 5 , 1930	Nature of Injury
19. UNDERTAKER W.D. Bast 45mg	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Downstone Mal.	If so, specify
20. FILED 8/3/ 1955 Photo Movem	(Signed)
Registrar.	(Address) X agenous WM, 114a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
----------------	---------	---------	------------	---------------	-----------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0911
1. PLACE OF DEATH	82:0
County Chashington	Registration Dist. No. 307
Village or City 12 chals will md	, No. St. War
	If death occurred in a hospital or iostitution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
\bigcirc 1. \bigcirc 0	as. How long in U.S. it of foreign birth?yrsmos
2. FULL NAME Cyclia Clipabil	h fong.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / 2 /11
Terrete Tulite Uridornello (write the word)	(Month) (Day) (Year)
5a W married, widowed, or divorced HUODAND OF	
(or) WIFE of John W. Long,	22. HEREBY CERTIFY, That I attended deceased from
700 1 2 1051	last sawh for alive on aug 20" 1935 death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ab ye, at 1.3
C// C 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Erecon o mustor rage 8/107.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this preparation (month and	
SAW MILL, BANK, etc	
this occupation (month and year) Thank 1923 spant in this occupation 50 4	
B C	Other Contributory Causes of importance:
(State or country)	
13. NAME Daniel Bishop 14. BIRTHPLACE (city or town) Beaver Creek	Name of operation
(State or country) Wash. Co. md.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sallie Spanaler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Allesstozus.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Pennsylvaina.	Where did injury occur?
17. INFORMANT & alway Long.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Agdress) 183. S. Palaput St. Hageston	ind,
18. BURIAL CREMATION, OR REMOVAL Place Blance Creek Date Care 23. 193.5	Manner of injury
Place Page 1935	hature of mjury
19. UNDERTAKER W. J. Dast of Jou	24. Was disease or intery in any way related to occupation of deceased?
(Address) 13 oous loo md.	If so, specify (Sizer)
20. FILED lug 23 , 1936 Mothatheine Sagarha	(Signed) (Address) Boardway, Ma
Registrar.	(Acutess) .C. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms; as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVFI	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SFP 5 1005	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
I BUREAU V C				
- Control of the Cont				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	10119 222	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

N. B.

STATE	OF	MADVI	AND—CERTIFICATE OF	DEATH
SIAIL	Ur	MARIL	AND-CERTIFICATE OF	DEAIL

0	0	4	4	6)
O	1	1	-	8
	0	-11		1

1	. PLACE OF	F DEATH			(31)
	County	Washingt	on		Registration Dist. No. 302
	Village or Ci	TT-			No. 114 North Ave. St. 4 Ward
					death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resid	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2		ME Andrew ce: No. 114 Nor			St., Ward. If nonresident give city or town and State
-	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3.	SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
	Male	White.	OR DIVORCE	D (write the word)	August 12 193 5 (Month) (Oey) (Year)
5a.	If merried, widow HUSBAND of	ed, or divorced			
	(or) WIFE of	Anna :	Macias		22. Charact // 35 That I attended deceased from
6.	DATE OF BIRTH (month, dey, and year) No	v. 9, 1	857.	I last say h An alive on any 1 , 1935; death is said
7.	AGE Year	rs Months	Oeys	If LESS than	to have occurred on the dete stated ebove/at 12:15 mA . M.
	77	9	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NO	8. Trade, profes	ssion, or particular york done, as SPINNER, R BOOKKEEPER, etcR	etimed		Onte of onset
¥1	No Industry on 1	Luciana in obtah	Transa 7 ann		Huma myradiles 340 ago
UP/	work was	t, BANK, etc. Pu	llman C	onductor	30
OCCUPATION	10. Dete decease	ed last worked at petion (month and	11. Total i	time (years)	du de
_	yeer)		000	upation	Other Contributory Causes of Importance:
12.	BIRTHPLACE (cit	yor town) New Y	ork Cit;	у	
_	(State or coun		N.Y.		
ER	13. NAME Fe:	rnando Mac	ias		the state of the s
FATHER	14. BIRTHPLACE	(city or town)Cu			Name of operation Dete of
_	(State or	country) Cu	ba.		Whet test confirmed diagnosis? Was there an europsy?
MOTHER	15. MAIOEN NA	MSarah Hawl	and		23. If death was due to external causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE	(city or town) Winc	hester	*************	Accident, suicide, or homicide?Oete of Injury19
Σ		country)		2.	Where did Injury occur?
17.	INFORMANT]	Mrs. Brewer Hagerstow	L. Sto	uffer	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL CREMAT	ION OR REMOVAL		7.5	Manner of Injury
	Place Lak	ewood, N.J.	Oate Aug	12 ,,35	Nature of Injury
19	. UNDERTAKER	Fred W Hagers	. Krais	8.	24. Was disease or injury in any way related to occupation of deceased? The
20	FILEO 8-	12-19356	short	Howers	(Signed) Colline 1 1. D.
	-	70	L1 . L	Registrar.	(Address) 149 w. wal 4. flagoratore bed.
		If more	vianks are needed,	aquress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis SEP & 1095	3 days ago
		L BUREAU V O	entre i
Other contributory causes of importance:	di manke	Other contributory causes of importance:	
Gallstones BUREALT	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	----------------	------------	----	-----------

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

jo

See instructions on back

Every item of infor-

D.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09119
1. PLACE OF DEATH County Washington	Registration Dist. No. 332
Village or City / The gerstown Length of residence in city or town where death occurred yrs mos.	No. Washington County House S Ward death occurred in a horpital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME George Massau (a) Residence: No. 131 Sleving about the control of t	St., 5 Ward. Makes or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 22 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (1853)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days, If LESS than	I last saw heave alive on
8 1 milen 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jangrene left foot Mish
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) Strawsburg (State or country)	Pert Telen left great
13. NAME John Massaw	Name of operation. Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Weaver 16. BIRTHPLACE (city or town) Usknown	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Hageistown Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	A

if so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

19. UNDERTAKER

(Address)

N. B.-WRITE PLA

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. And the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	xample & EIV	/ED	Example II	
The principal cause of dea of importance were as follo	th and related ca	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3L1 0 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	RUDEAU	V S 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Village or City or town where deeth occurred yrs mos. 2. FULL NAME	CERTIFICATE OF DEATH 97 09120 Registration Dist. No. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How loss in U.S. if of foreign birth? yrs
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED, write tha word)	21. DATE OF DEATH (Moyh) (Day) (Yaar)
5a. If married, widowed by diverged HUSBANO of (or) WIFE of Control of Contro	22. HEREBY CERTIFY. That I attended decaased from 1), 197, to Comp 30, 1930 1 last saw harmalive on 1950, 1950, death is said to have occurred on the data stated above, at 5 m.
86 8 // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (pointed at year) spent in this occupation.	artero-selencies.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or pountry)	Simility
13. NAM arrey 117 Cesty	
13. NAM Arrey M. Cus ley 14. BIRTHPLACE (city or town)	Name af operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (15. MAIDEN NAME) 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMAN avid Dahlor (Address) Hausance Turk	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plantender Com Date 0/ 2 2 , 1931.	Nature of Injury
19. UNDERTAKER DELECTION (Address), Delection (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 0/ 19 Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address) M. (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as f	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	QFP 8 3005	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	S	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
	Service of the servic				
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

-WRITE PLA

See instructions on back

state

of OCCUPAplnods

(Year)

1. PLACE OF DE	ashingto	n		Registration Dist. Nagrorstown Md	307
	Weehingt	on Co H	ognital F	agerstown Md	10.
Village or City	don in the	OH 0 11	OGDI GEL	death occurred in a hospital or institution, give its NAME instead	d of street and number)
Length of residence l	city or town where	death occurred		ds. How long in U.S. if of foreign birth?	
2. FULL NAME	Daisy	i i modmin	Mayalway	If U.S Veteran specify WAR	t
(a) Posidonco: No	24 West	Church	et mill	1 of an antword of	
(a) Residence. No		(Usual place	of abode)	iansportWardMd If nonresident give cit	y or town and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. CO	LOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Aug. 11.19	35
female w	hite	marri			フラー 193 (Year)
5a. If married, widowed, or of HUSBAND of	ivorced			22. I HEREBY CERTIFY. Th	
	homas Mc	Kelvey		4	at I attended deceesed from
A DATE OF BIDYII /	Тр	n. 22 1	874	Last saw h & alive on 8-11-35	19 death is said
6. DATE OF BIRTH (month,	Months	Days	If LESS than	to have occurred on the date stated above, et 4 A/	
61	6	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of im	
2 Trade profession o	particular		l ormin.	were es follows:	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK	e, as SPINNER, 7	Housewo	rk	the literal last	There &
9. Industry or busines	in which	_		W. Jun	0-9.75
9. Industry or busines work was done, SAW MILL, BAN	K, etc.	home		A Company of the Comp	
10. Date deceased last this occupation (- spa	time (years)		**********
year)	-	000	upation IIIe	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or too (State or country)	יים אוני ^(ח)	<u> </u>	************	D-1-/	
				Unbeleast Hime	192:
13. NAME Janou	rus Mill	er			
4 14. BIRTHPLACE (city o				Name of operation	Date of
(State or country) Maryla	na		What test confirmed diegnosis?	Was there an autopsy?
15. MAIDEN NAME	Laura V.	Crille	у	23. If death was due to external causes (VIOL ENCE) fill in els	o the following:
16. BIRTHPLACE (city of	r town)			Accident, suicide, or homicide? Date of	injury, 19
≤ (State or countr		and		Where did Injury occur?	16
17. INFORMANT Thomas A. McKelvey				(Specify city or town, or Specify whether injury occurred in INDUSTRY, In HOME, or	in PUBLIC PLACE.
	lliamspo	rt Md			
18. BURIAL, CREMATION, O			WHAT THE	Manner of injury	
Pi#illiam		Date Aug	-14-135	Nature of injury	
19. UNDERTAKER Albe	rt Leaf		-	24. Was disease or injury in any way related to occupation of	f deceased?
(Address) W 1	lliamspo	It M	a	If so, specify () - p. ()	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis = UEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY F	PHYSICIAN
-----------------------------------	--------------	-----------

V. S. No. 1 Ä

ECOLD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				(164)	
Cos	unty Washington			Registration Dist. No. 30	22
				No. 1091 Virginia Ave St.,	2, Word
VIII	lage or City		(1f	No. 1091 Virginia Ave St., death occurred in a hospital or institution, give its NAME instead of street and nu	amber)
1.en	igth of residenca in city or town whe	e death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yrsmos	sds.
2 511	LL NAME Beatric	e Miller		Carrier Company of the Company of th	
	Warre	exboro P		St. Ward.	1
(a)	Residence: No.	(Usual place		St., ward. If nonresident give city or town and S	State
PE	ERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
fe	male white	OR DIVORCE	D (write the word)	august ols	193.2
				(Month) (Day)	(Year)
HUSB	ried, widowad, or divorcad BAND of WIFE of Jacob Mi	ller		22. I HEREBY CERTIFY, That I attended d	aceasad from
(01)	Jacob Mi			, 19, to	, 19
6. DATE O	F BIRTH (month, dey, and yeer)	May 26 1	876	I lest sew h alive on, 19,	; deeth is said
7. AGE	Yeers Months	Days	If LESS than	to heve occurred on the dete stated above, etm.	
	59 2	27	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:	
_ 8. Tr	ade, profession, or particular			Sucide by inhaling	Date of enset
OCCUPATION 10. Da	kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	House du	ties	Basa 1	
9.17	dustry or business in which				
5 4	work was dona, as SILK MILL, SAW MILL, BANK, etc				
0 10. Da	ate deceesed last worked at this occupation (month end	11. Totel t	ime (years) nt in this		
	year)		upation	Other Contributory Causes of Importence:	
12 RIRTH	PLACE (city or town) Leit	ersburg	Md.	Office Continuedly Causes of Importance.	
	tate or country)				
13. NA	AME Jacob Wish	ard			
13. N/	Was Was	hington	Co.	Nama of operation Dete of	
₹ 14. BI	RTHPLACE (city or town)	Md.		What test confirmed diagnosis? Was there en ea	
œ 15 M	AIDEN NAME Laura	K. Ligge	t.t.	23, If death wes dua to external causes (VIDI. ENCE) fill in also the following:	
	Wa	shington	Co.		
O 16. BI	RTHPLACE (city or town)(Stete or country)	Md-		Accident, suicide, or homicide? Date of Injury	, 19
-1	Mrs. F18y	Hegg		Where did injury occur?(Specify city or town, county and State	
17. INFDR	MANT Waynest	ייייבטט		Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(A	ddress)	,010 100,			
18. BURIA	L, CREMATION DR REMOVAL WE	ynesparo	28 · 1,35	Menner of injury	
Pla	ace	Dete=±-V-5	, 1999.	Nature of injury	
19. UNDER	RTAKER Halta 4.	Frese		24. Was disease or injury in any way raletad to occupation of deceesed?	
(A	ddress) Hay su	elano,	ta	If so, specify	1 3-
20 FILED	8-24-19.356	half 3	revero	(Signed to & dward & Count (Corone	W (m
Lo. I ILLD.			Registrar.	(Address & Cargosalown Hod,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RIREALI V. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

certificate.

Jo

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

OCCUPA.

of

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	0	1	0	-7
U	0	1	*wr	0

1. PLACE OF DEATH	(99)
County / ashing/on	Registration Dist. No. 307
Village or City Rohmwille Ma	No. St., Ward death occurred in a hospital or justitution, give its NAME instead of street and number)
	VO_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sulaw & Miller	
(a) Residence: No. Rohmus villa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Futher by Millur	22. I HEREBY CERTIFY, That I attended decaased from 15 1935 to Nace 9 1935
6. DATE OF BIRTH (month, day, and year) ARC. 30 = 1863	Has saw ben alive on Aug 9 1 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 8.38 Apr.
7 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	01++10.4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and specified month) and specified month and spec	Endarteritio deliterano Feb. 35
and decapation (month and	
yoar) gerupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) ACCUAL AND CONTROL (State or country)	<u> </u>
E 13. NAME Saved Pross	
13. NAME TOVED STORY DE 14. BIRTHPLACE (city or town) Locustion Grove In	Nama of operation
(State or country) Task Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CICCIOTIC MONISON	23. If death was dua to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAMES TO THE MONISON TO THE STATE OF THE STATE	Accident, suicida, or homicida? Date of Injury, 19
E (State or country) Wash Co	Whara did Injury occur?
17. INFORMANT Juthur M. Meller (Address) Kracious vel & Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rolling soully Date 0 = 12 1935	
19. UNDERTAKER & Survey + Co (Addrass) TERROUS WILLS MA	24. Was diseasa or injury In any way related to occupation of deceased? 20
20 FILED ling 12, 193 & mm Kachering & agentant	(Signed) J. W. Lllay M. D.
Registrar.	(Address) Goomstow,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEIVFDII	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

C	
Z	
Ξ	
BINDING	
144	
2	
FOR	
-	
A	
田	
RESERVED	
区	
1	
MARGIN	
\simeq	
V	
2	

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH Jo pluods County Washington Registration Dist. No. Village or City Indan Springs No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred 80 yrs. ______ds. How long in U.S. if of foreign birth? ______yrs. ______ds. statement 2. FULL NAME Amelia M. Mills If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) August 19 Female White Married classified CT 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of V Daniel A. Mills × 6. DATE OF BIRTH (month, day, and year) August 18, 1855 压 certificate. properly 7. AGE Months Days If LESS than stated 80 0 1 day,hrs. The PRINCIPAL CAUSE OF or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Home Work SAWYER, BOOKKEEPER, etc..... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Totel time (years) this occupation (month and spent in this that occupation ... instructions 80 12. BIRTHPLACE (city or town) Washington County (State or country) supplied. plain terms, 13. NAME Jacob Weller FATHE 14. BIRTHPLACE (city or town) Millstone carefully (State or country) MOTHER important. 15. MAIDEN NAME Marie Bouders in DEATH 16. BIRTHPLACE (city or town) Millstone (State or country) be Where did Injury occur?____ plnods 17. INFORMANT Daniel A. Milla very OF (Address) Indian Springs 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury CAUSE Place Millstone .- Md. Date Aug. 22 ... 19.35 LION Nature of Injury 19. UNDERTAKER Snyder-Rowland Funeral Home Clearspring, Md. (Address) If so, specify (Signed) 20. FILED (1844) 19.3.5

to have occurred on the date stated above, at 100 P m Date of onset years. What test confirmed diagnosis?_____ Was there an autopsy?___ 23. If deeth was due to external couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_______ 19_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 24. Was disease or injury in any way related to occupetion of deceased? Registrar. If more blanks are needed, address State Registrer, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I The principal cause of death and related causes	Date of onset	Example II The principal cause of death and related causes	Date of onset
of importance were as follows: Arteriosclerosis SEP 6 1935	1915	of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLA

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Washington				Registration Dist. No. 3//			
Village or City	St. Jam	nes., Md	(If g_yrs, 4_mos	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) a.ds. How long in U.S. if of foreign birth?yrsmosds			
2. FULL NAME Ma (a) Residence: No.			of shods)	St.,Ward.			
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	-		
3. SEX 4. COLO Wh	r or race	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 27, , 193.5 (Month) (Oay) (Year)	-		
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. HEREBY CERTIFY, That i attended deceased from, 19, 19, 19			
6. DATE OF BIRTH (month, day 7. AGE Years 16	Months 3	10 Days	IST 9 If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19; death is sale to have occurred on the date stated ebove, at loss of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, of this occupation may year) 12. BIRTHPLACE (city or town) (State or country)	which silk Mill, silk Mill, setc. ked at nth and /93	James	ime (years), ntin this upation 4	Other Cuntributory Causes of Importance:			
13. NAME William 14. BIRTHPLACE (city or to (State or country)				Name of operation Date of	=		
15. MAIOEN NAME	Minnie	Ridenou		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to externel couses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide accidents to be suicided and the suicide of injury 1935			
(State or country) 17. INFORMANT Wil (Address) St. 18. BURIAL, CREMATION, OR F Place Manor C 19. UNOERTAKER Nor	Md ljam Mo James, EMOVAL emetery	ats Md. Oste Aug Reichar	, 30 , 1935	Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Aedress)	0.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SERVY S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(M)

)	item of infor-	should state	of OCCUPA.	/
	REC D. Every	. PHYSICIANS	Exact statement	
MARGIN RESERVED FOR BINDING	WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT REC D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tificate.
TOEKNED F	INK-THIS IS	E should be st	it it may be pr	on back of cer
MAKGIN KI	H UNFADING	supplied. AG	in terms, so tha	TION is very important. See instructions on back of certificate.
	LAINLY, WIT	uld be carefully	F DEATH in pla	ery important.
10.1	-WRITE F	mation sho	CAUSE OI	TION is ve

N. B.-WRITE PLAI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09126
1. PLACE OF PEATH	87-6
County Was surgery	Registration Dist. No.
Village or City Haglestow	No. 4 29 Mechanic St., S Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME JOHN Fr. Morta	mely If U.S. Veteran specify WAR
(a) Residence: Np. 429 Machanic	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 24 (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Manne for Made	aug 4 1935 aug 74 1874
6. DATE OF BIRTH (month, day, and year) March 1. 1871	I last saw ham alive on Oug 24 193V death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 00 m.
1 16 6 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade numbersion or particular	were as follows:
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecunation (month and	Faralexis agrifore
10. Date deceased last worked at this occupation (month and 1926 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Mayfauf, (State or country)	Other Centributery Causes of importance:
13. NAME Solomon Moltgomey. 14. BIRTHPLACE (city or town) Mal	Gelesenary O Lemer
14. BIRTHPLACE (city or town)	Name of operation Perse Date of Charles
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Smith	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Mary Smith 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Laniel E. Mortgomery: (Address) 429 Michanic St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Smulling Date aug 28, 1951	Manner of injury
19. UNDERTAKER mad Trumeral Home, (Address) truedench mad	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8-26-, 19 35 6Hast 18000. Registrar.	(Signed) (Address) (Addres
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example	DI	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis SEP 6. 1933	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	5 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Futy 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	f infor-	d state	CUPA-	
)	tem of	should	of oc	1
	D. Every i	SICIANS	statement of	1
	T REC	Y. PHY	Exact s	
TINDING	RMANEN	XACTI	classified.	
FOR D	IS A PE	stated E	properly	certificate
TT I	LHIS	i be	y be	k of
MARGIN RESERVED FOR DINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
1	-WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impor
	N. B		(7

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09127
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City + agentatoriu - Wash	1. (NO Atrafactal St. 3 Ward
(lf	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	. J. 6 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TO C. Moser	
(a) Residence: No. Do o coloros Mo	St., Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Tulite Married	(Month) (Day) (Yaer)
5a. If marriad, widowed, or divorced HUSBAND of	
HUSBAND OF Mrs Murdie Moser	122. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) - 1 large - 7 - 1881	I fast saw hom alive on alive of alive
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
54 5 27 1 day,	The PRINCIPAL CAUSE OF DEATH and raleted causas of Importanca
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
Industry or businass in which	
work wes dona, as SILK MILL, Own Shop	
yeer) June -1 - 1935 occupation w	Other Contributory Causes of Importance;
12. BIRTHPLACE (offy or town) Myersule	
(State or country) fred. O Co. md.	
13. NAME) siah Moser 14. BIRTHPLACE (city or town) Mylrovelle	A
14. BIRTHPLACE (city or town) Mylrsvelle	Name of operation and Confessation Date of rule 24198
(State of country) + N/a.	What test confirmed diagnosis Lucion Was there an autopsy? Zco
15. MAIDEN NAME Sarah Routgahn	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Tuessville	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) fred. O Co. Md.	Where did Injury occur?
17. INFORMANT Mrs. Mrurdie Moser	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boouston md.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mylrsulle Ind. Date lug. 6., 19.36	Natura of injury
19. UNDERTAKER (DW) Past & Soy	24. Wes disasse or injury in any way related to occupation of deceased?
8 3 (a South of the	If so, spacify
20. FILED Registrar.	(Signad) M. D. M. D. (Address) Adams Low, M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	li	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	F F C CILLE	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	HECETYC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1935	July 5,1927	Peritonitis	3 days ago
	RURGAL V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	MICHE.
Gallstones		May 1,1923	Gastroenteritis	1 year
				

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

09138

	Registration Dist. No. 305
	a No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nos.	ds. How long in U.S. if of foreign birth?yrsmosds.
0	Unie
d	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. In I HEREBY CERTIFY. That I attended decased from 25, 1935, to lung 16, 1938
	l last saw harmaliva on 26, 1935; death is said to have occurred on the date stated above, at 21/2 Azm.
s.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
-	were as follows:
	Not due to inpay at phirthy cut of
	Included all all of the forming an observe. The infection actorded into the brain.
	Other Contributory Causes of Importance: Thysician did not see the child until the day be-
	which had formed at the other of the infections
	Name of operation Date of
-	What test confirmed diegnosis? Was there an autopsy?
-	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of injury, 19
-	Where did Injury occur?(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Menner of injury
3.	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
1	(Signed) Vi Mi Sellan M.D.
1	(Address) Boonsboro

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitical nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WINEAU V. S.				
Other contributory eauses of importance:		Other contributory causes of importance:	53 83	
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

stated EXACTLY. properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-

1. PLACE OF DEATH	(176)
county Washington	Registration Dist. No. 302
Village or City Lay	No. St., Ward
Langth of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. if of foreign birth?
2. FULL NAME Sulvia Gerryade	illinaer
(a) Residence: No. Ceay Loss (Visual place of abode)	St, Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CER, TIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) War ch 21- 1932	I last saw allva on 1974; death is said
7. AGE Years Months Days if LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8 Trade profession or particular	Date of onest
Kind of work done, as SPINNER, DOVE Kind of work done, as SPINNER, DOVE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this constaint (month and this constaint (month and this constaint) (month and this constaint).	Augustin principal of
10. Date deceased last worked at this occupation (month and year)	lea went fale of 150
12. BIRTHPLACE (city or town) Caret our (State or country)	Other Contributory Canses of Importance:
# 13. NAME Syven Pittinger	
14. BIRTHPLACE (city or town) 20 Y 1035	Name of operation Date of
(State or country)	Whet tast confirmed diegnosis? Was thara an autopsy?
15. MAIDEN NAME OURSE. She der . 16. BIRTHPLACE (city or town) De green Creeks (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT AND Stillinger (Address)	(Specify city or town, county and Slate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Plede Avas natural death and 30, 1935	Mannar of injury
19. UNDERTAKER A. H. CHALLAND LOVELLE	24. Was disaase or injury in any way related to occupation of decoasad?
20. FILED Augus 129, 1935 - I sel ge It Brew Takes Registrar.	(Signed) M. D. (Addrass)
If more blanks for needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFP 6 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	09130
----------	-------------------------------	-------

1. PLACE OF DEATH	(85)
County Washington	Registration Dist. No. 306
Village or City Perl mar	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	iosds. How long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME UMA att Gryor	
(a) Residence: No. Wear Pen Mar	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word)	21. DATE OF DEATH
Jernale While married	(Month) (Day) (Year)
Aa. If married, widowed, or divorced HUSBAND of Dory Pryor	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Dory Orgon	,19
6. DATE OF BIRTH (month, day, end year) Oct 26 1897	I last saw h alive on 75
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 10 a m.
37 9 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protection or particular	were as follows: Date of onset
kind ot work done, as SPINNER, House Work	Equestic full
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) Waynesboro	Other Contributory Causes ot importance:
(State or country)	
13. NAME Frank Ott	
14. BIRTHPLACE (city or town) Cassol co ma	Name ot operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME () Se MIDEN.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Read Side Pa	Accident, suicide, or homicide?
State or country)	Where did injury occur?
Day 11 Prises	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT LONG Pen man ma	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ot injury
Place Burns 16ell Compatet 8/20, 193.	4
11/201-11	Tradition of the particular and
19. UNDERTAKER // Alle J. Grant 42	24. Was disease or injury in any way related to occupation ot deceased?
No political de la constante d	If so, specify W A A Language A Por
20. FILED ang 20, 16/35 Gest Torquer	(Signed) Alaskan (1. m. b.
If more blanks are needed address State Registrar.	(Address) James Markey mount

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

E	ample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OFP 8 7035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	251 0 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				2/2 mm

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09131
1. PLACE OF DEATH.	
10/00/2010	Registration Diet No. 302
WITHIN GEORGESTS WANTED OF	120 1 120 cl 10
Village or City Flu q CYSTOWn.	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 36yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mamie Viola Ri	dae
(a) Residence: No. 728 Wash inaton A	Vist, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word)	21. DATE OF DEATH \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Female While Married	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Daniel.	aus. 12 1935 to Que 13 1935
E DATE OF RIPTH (month day and ward) Oct 21-1877	I last saw halive on _ Aug. 13, 19 3 5; deeth is seld
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, et
() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were es follows:
Solver, Bookskin, or particular to the kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (menth and a spent in this securetion (menth and a spent in this spent in this securetion (menth and a spent in this securetion (menth and a spent in this spent in this securetion (menth and a spent in this spent in thi	Change & to state of made to 1928
9. Industry or business in which	Central harmon hare 8.18:35
work wes done, es SILK MILL, SAW MILL, BANK, etc.	8113.35
	V. a.d. a.a.
year Cug 1-19 25 occupetion 2 0 4 15	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) 2 Milhs burg	Chamic Choldouptities 1932
(Stete or country)	
13. NAME JOHN Delosie Y 14. BIRTHPLACE (city or town) S. With Shurg	
2 14. BIRTHPLACE (city or town) 2 Miths burg	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Chiming Was there en eulopsy? Was
15. MAIDEN NAMEN; Ne y va Den 8 m ve	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Laucastev	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Laniel C. Iliage	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ma a exsto un. Tul d	
Place Ma gers rounted Date aug 15, 1935	Manner of Injury
1 10000	Neture of Injury.
19. UNDERTAKER H. M. CAXX Mau	24. Was diseese or injury in eny way related to occupetion of deceased?
(Address) + a a e vi storum auch.	If so, specify Rakest- Wells
20. FILED 0 - 14-, 19 20 Chalfy Jowers	(Signed) 1. 16 M. D. M. D. (Address) 11.5 M. Potemar S. Hagerstown
Registrar.	(Wordless) 17

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

EC AD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA.	
IS A PERMANENT R	stated EXACTLY.	properly classified. E	certificate.
", WITH UNFADING INK-THIS IS A PERMANENT REC. AD. Every item of infor-	arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	I in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	rtant. See instructions on back of certificate.

TION is very important.

CAUSE OF mation shou

STATE OF MARYLAND-CERTIFICATE OF DEATH

09132

1. PLACE OF DEATH			822
County Washingt			Registration Dist. No. 302
Village or City Hagerstow	n N	0 *	No 505 Frederick
			f death occurred in a hospital or institution, give its NAME instead of street and number)
Hubert		Routzahr	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FOLL NAME		noutzaili	
(a) Residence: No.505 Fred	erick		St., 3 Ward.
PERSONAL AND STATIST	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Male White	OR DIVORCED	(write the word)	August 31 ,193 5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Ali	ce.		1 HEREBY CERTIFY That I attanded deceased from the standard deceased from t
6. DATE OF BIRTH (month, day, and year)	Warch 21	, 1874	I last saw h Leve elive on Case, 3/, 1935; death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 9:30 P. M.
61 5	10	I day,hrs.	were as follows:
Z Trade, profession, or perticular			Cerebral Lemonthon 3-31.3
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.			much hemplefin left
9. Industry or business in which work was done, as SILK MILL, 1n SAW MILL, BANK, etc	hardwar	e store.	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	11 Total ti	ma (vasre)	
this occupation (month and year)	11. Totel ti spen	ntin this	
Trac	derick C		Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	land.	oun cy.	
		n.	
E Freds	erick Co		Deal
[Steta or country] Mary		car o y •	Nama of operation Date of What test confirmed diagnosis?
	gina Sm	i+h	
Ened	erick Co		23. If death was due to externel causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)	land.	uii 6,y •	Accident, suicida, or homicide?
		1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Alice (Address) Hagers		an.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL			Manner of injury
Place Rose Hill Ceme	et Date Sept	3 1935	Nature of Injury
Fred W.	Kraiss		24. Was disease or injury In any way ralated to occupetion of dacaased? No
	stown.	/ -	If so, specily
0/7/ 75-1	Who Ith	Bar on	(Signad) W. Howard gloger 1 M. D.
20, FILED 7, 5, 1950 Mg	wy !	Registrar.	(Address & Pagending ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ITECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLA

V. S. No. 1

PHYSICIANS should state

D. Every item of infor-

of OCCUPA-

Exact statement

be properly classified.

1. PLACE OF DEATH County VI SNington Village or City Tag of STO V Length of residence in city or town where deeth occurred. 2. FULL NAME SS TO (a) Residence: No. 4840 Wolln	<u>-</u>	No. Vash Co Hospital St., fdeath occurred in a horpital or institution, give its NAME instead of street ar	_mos,ds.
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED, CED (wyie the word)	21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY. Thet I fettend	, 193 S (Year)
6. DATE OF BIRTH (month, dey, end year) Dec. 2 7. AGE Yeers Months Days 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 6. DATE OF BIRTH (month, dey, end year) Dec. 2 7. AGE	1-918 if LESS then 1 day,hrs, ormin.	to have occurred on the dete steted ebute, at the m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	
this occupation (month end	al time (yeers) pant in this pocupetion	Typhoid ferer	Avg.10
12. BIRTHPLACE (city or town) (State or country)	~~~~~~~	Other Contributory Causes of importance: The Thirty Rewindings	argu
13. NAME 78 and Salpher 14. BIRTHPLACE (city or town) (Stete or country)	g. 20	Neme of operation Dete of What test confirmed diagnosis?	
15. MAIDEN NAME Son in Trula 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Basel Salsher	sin .9	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the follow Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	, 19
(Address) 4840 Walket St. 18. BURIAL, CREMATION, OB REMOVAL Place 18 allo . M. Detechan	26,19 35	Menner of Injury	hu
19. UNDERTAKER	Bowers	24. Was disease or injury many way related to occupetion of decoased? If so, specify (Signed)	M. D.

. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SET 6 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82·a)
County Massimaton	Registration Dist. No. 303
Village or City Hage sefour (If	No. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Millard T. Ja	utnean
(a) Residence: No. Olan Soluma (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute 5. SINGLE, MARRIED, WIDOWED, OR-DLYORCED (write the word)	21. DATE OF DEATH Sug 20 , 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mary Santanan	22. I HEREBY CERTIFY. That I attended deceased from
1/1/1/1/1811	I last taw h alive on 1953, to 1955; death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6 in Olium.
78 // /6 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Cerebral Constitution
SAWYER, BODKKEEPER, etc SAWYER, BODKKEEPER, etc SAWYER, BODKKEEPER, etc SAWYER, BODKKEEPER, etc SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	1933
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) full for State or country)	Dther Contributory Causes of Importance:
C 13. NAME I ANKENDENCE	
13. NAME / LAKE DAVE 14. BIRTHPLACE (city or town) / Kerreletere (Stata or country)	Name of operation
15. MAIDEN NAME UNBRURE	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT August January	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Care Strong Date (1149. 23, 193)	Manner of injury
19. UNDERTAKER PLANTED CONTROL (Address) TO CONTROL	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

More blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ë ż

AGE should be stated EXACTLY. PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC

ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

D. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	Zitam pres
The principal cause of importance were as	f death and related tauses follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	THE PARTY OF THE P	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	35
1. PLACE OF DEATH	- No	
County Washington	Registration Dist. No. 3 02	
MATERIAL CORPORAT LIMES OF	Registration Dist. No.	
Village or City 16 a gentlews	death occurred in a hospication institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrsmos		ds.
2. FULL NAME to any Schaff	er	
(May holder , Al	St. 4 Ward.	
(a) Residence No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
Therale white OR DIVORCED (write the word)	aug 12_ 193	5
5a. If merried, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of	22. I HEREBY CERTIFY, That I ettended decea	sed from
(vi) iiic vi	aug 11 m , 19 31 - to aug 12	1961
6. DATE OF BIRTH (month, day, and year) 4.16/935.	I last saw here alive on Occay 11 , 1931; dea	th Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 11 4 m.	
0 3 2.6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8 Trade profession or perticular	Dat	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end		
9 findustry or business in which	Cholera m La elisa G	_ 100
work wes done, as SILK MILL, SAW MILL, BANK, etc		1
10. Date deceased last worked at this occupation (month end spant in this	The same of the same of	
year) occupation	Other Contributory Causes of importance:	
12, BIRTHPLACE (city or town) a g Evoloure lung	other country cause of importance.	
(State or country)	hon assurelation I hack	~-~~
13. NAME Daniel Icheffer	A September 1	
13. NAME Variet Schoffer 14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stete or country)	Whet test confirmed diagnosis? Was there an autops	ev?
15. MAIDEN NAME Golille Pleason	23. If death was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E O	Accident, sulcide, or homicide? Date of injury	10
State or country)	Where did injury occur?	
Reviel fala el.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANT (Address)	Specify machine injury occurred in INDUSTRY, III HOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Magentoux Date /14, 19 38	Manner of Injury	
2. 1-12	Nature of injury	
19. UNDERTAKER COLLANDO VOUS	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	If so, specify W. G. Storless	
20. FILED 0-13-, 1935 BRAGTKowers	(Signed)	M. D.
Registrar.	(Address) frequency	4-+-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SI V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

~	
ó	
Z	
vi	
۶.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09136
1. PLACE OF DEATH	(J3j)
County Washington	Registration Dist. No. 302
WITELN AGENT TO THE	No. 56 & Franklin St. 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where daath occurred 20 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thrence & Schwings	If U.S. Veteran specify WAR
(a) Residence: No.5-6 & Franklin	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH
Sende white single	(Month) (Day) (Year)
A. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	aug 1st 1934 to aug 10 1935
6. DATE OF BIRTH (month, day, and year) Warel 13-1865	I lest saw her elive on aug 8 , 1950; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 P.m.
70 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	Hypertensing Cardio Vascular Octo of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Renal dinor will best factor 1928
9. Industry or business in which work was dona, as SILK MILL,	myocudia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this occupation (month and	
this occupation (month and year) occupation occupation	
1/20. 1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
E 7/	Yum
14. BIRTHPLACE (city or town)	Name of operation 1900 Data of Data of
x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? W.
15. MAIOEN NAME Sarah L. Stouffer	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Naguratory (Steta or country)	Accident, suicide, or homicide? Date of injury, 19
Maria or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Harry C. Schwinger	Spacify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Haguatium YM	Manner of injury
Place Laguetown Md Data ang 13, 1935	Nature of injury
1 47 11: - 1.1/1	24. Was disease or injury in any way totated to occupation of dacassed?
19. UNDERTAKER ACTUAL TO COMMENTAL CONTROL (Address)	If so, spacify
8-12- 25 66-16-3-1000	(Signed) The M. D.
20. FILED, 19 OROM DOCUMENT Registrar.	(Address) / 7 OM/ wh A House
	19411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
De 2	way.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	71	Example II	
The principal cause of importance were a	f death and felated/causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis 3L. 32	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUDEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA-

N. B.-WRITE PLA

STATE OF MARYLAND	CERTIFICATE OF DEATH 09137
1. PLACE OF DEATH	(37)
County Washington	Registration Dist. No. 36 3/
ANT NIR AGAMABITY I LANGTO OF	
Village or City fra genetown	No. Washington ount torgets, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where deeth occurrad. L	ds. How long In U.S. if of foreign birth?ds.
2. FULL NAME Undrew J. Semler	If U.S. Veteran apecify WAR
(a) Residence: No. \$ 20 N, Mulberry	St., 4 Ward.
(Usual place of abode)	If nonsesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 27 , 193 5 - (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Qua 17-1866	Vest sew hour alive on a 22) 1985 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, bt. 2. A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	ware es follows:
shind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chine repliety Siff.
Industry or business in which work was done as SILK MILL 7	α
work was dona, as SILK MILL, Laure plaatus	Chapme Trotale try berliotry 9 1.0
10. Data deceesed last worked at this occupation (month and 1935) spant in this occupation (month and 1935)	with Union Retention 1
Heartman	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Tay June (State or country)	Openin)
1 13, NAME andrew & Semles	Hupubulic up Totany) 8/2/20
La Senter	Shirt Little Company
(Steta or country)	What test confirmed diegnosis?
15. MAIDEN NAME Blanz C. Cramer	23. If death was due to external purses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Ha gerstown	Accidant, suicide, or homicida? Date of injury, 19
(Stata or country) Md.	Whare did injury occur?
17. INFORMANT Miss clara Semby	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagestown Md. 18. BURIAL, CREMATION, OR REMOVAL	***************************************
Idagista - Trad Our 26 - 04	Mannar of injury
Place Tu Juna aun 149 Data 11932	Nature of injury
19. UNDERTAKER LOS 7. Minnicht Son	24. Was disaasa or injury in any way ralated to occupation of daceasad?
(Addrass) / Laguston Md	If so, specify
20, FILED 8-24-1835-67824/Bours	(Signad) (Signad) M. D.
Registrar.	(Addrass) toges tom end.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GFP R 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage KINEAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 091	38
1. PLACE OF DEATH	87-8	-
County Washington	Registration Dist. No. 30	4
Village Dr City Near Leiteralung	ND. St.,	Ward
	(II death occurred in a horpital or institution, give its NAME instead of street and numb- nosds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME aline Havie Sho	infe	
(a) Residence: No. Mean Litualing	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	3
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ang 5 , 193	5-
5. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	sed from
0/11/2 1022	1995,10	19-2-2-1
6. DATE OF BIRTH (month, day, and year) 43-1923 7. AGE Years Months Days If LESS than		ath is said
1 day,hr	to have occurred on the date stated above, at	
8. Trade, profession, or particular	were as follows:	te of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	0	
Wind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Multiple Velescon h	10000
SAW MILL, BANK, etc		1935
O 10. Date deceased last worked at this occupation (month and year)		
V. V t	Dther Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Y (lan dulling) (State or country)		
# 13. NAME Opristian Shank		
13. NAME Christian Shank 14. BIRTHPLACE (city or town) Hasan & Sixon (State or country)	Name of operation	
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there an autops	W NO.
15. MAIDEN NAME Farrie Carpenter	23. If death was due to external causes (VIOLENCE) fill in also the following:	ijice.se
15. MAIDEN NAME Farmi Carfenter 16. BIRTHPLACE (city or town) Hanganisite (State or country)	Accident, suicide, or homicide? Date of injury,	19
Charle of country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT HALLAMANTEN Shared (Address) Kazustown MA R & 4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Cuipo Messaria telempate 0 17, 190	Nature of injury	
19. UNDERTAKER Scott 7. Minnich Ldon	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Rageratory, Ind	If so, specify	
20. FILED 8-7- 19 35-6 Mart Bowle	(Signed) Waller H Wishard.	M. D.
Registrar.	(Address) Days escond - 10	

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED.	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEF 0 1903	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

359	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	1. PLACE OF DEATH	<u> </u>
of uld	county Washington.	Registration Dist. No. 302
item of should of OCC	Village or City MQQerstown.	No.2 5 13e 11e v. e.u. St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
~ W	Length of residence in city or town where death occurred 10_yrsmos	
Every CIANS ement	2. FULL NAME Ida V. Worden S	nawle
D. Every PHYSICIANS oct statement		Vist., 5 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
REC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	The ale White Maxxied (write tha word)	(Month) (Day) (Year)
BINDING PERMANENT EXACTLY ly classified.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That i attanded daceased from
IND RMA X A class	(or) WIFE of Daniel H.	Jon 1 19 3 7 10 Ang 2 19 3 J
BII PER E y ly c	6. DATE OF BIRTH (month, day, and year) \\ \(\sum_25 - 1855 -	Mast saw h. C. alive on
FOR BI IS A PEI stated E properly	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.* The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	were as follows:
VED THIS Id be ay be ck of	kind of work done, as SPINNER, House wife	Nethrelio, 173
ERVI NK-T] should it may it back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Chroma)
N. S. P. S.	Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this ogcupation (month and spent in this	
RES NG IN AGE that	year Swar 1438 - occupation Surs	Other Contributory Causemof importance:
IARGIN REUNFADING UNFADING upplied. AGI	12. BIRTHPLACE (city or town) Haq LYS to w.n. (Stata or country)	M. Huren d. T. 1931
ARGI UNFA upplied terms,		Alle 2 1931
	13. NAME Samuel Or Worden.	Nama of operation Data of Data of
H := 70	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
W] efu in l	15. MAIDEN NAME LIS ZIE SQUIDY- 16. BIRTHPLACE (city or town) Hager Stown	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
E PLAINLY, WITH should be carefully OF DEATH in pla	17 INFORMANT Paniel H Shaule	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Hagey stown wid	
	18. BURIAL, CREMATION, OR REMOVAL Place La Cy Stown Waste Hug 4 1935	Manner of Injury
-WRITE mation sl CAUSE TION is	12.0 71	Nature of injury 24. Was diseasa or injury Imany way related to decupation of deceased?
T E O H	19, UNDERTAKER (Address) A q example of the control of the contro	If so, specify
S. No.	20. FILED 8-2. 1935 6 Hay Bowes	(Signad) M. D.
MER II	Registrar.	(Addgess)
WI backley-	n more viants are needed, aguress State Registrar,	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes s: RECEIV	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	STY H I	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU	. S.		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

09140

1	I. PLACE OF	F DEA	гн			108		2
	County	Wa:	shington-				Registration Dist. No	302
			Fairview			No.		St., Ward
	Length of resid	dence in cl	ty or town where o	deeth occurred		death occurred in a horpital or institu ds. How long in U.S. if o		
:	2. FULL NAI	ME	David Ma	rtin Shi	nham			
	(a) Resident	ce: No	Fairvier			St., Ward.	If nonresident give city or tov	wn and State
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEA	тн
3.	sex Male		r or race ite		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	August 17 (Day)	, 1935
5a.	. If married, widow HUSBANO of (or) WIFE of		ary A. Sh	ninham			Y CERTIFY, That i att	
_	DATE OF BIRTH (rs	Months	Days	6, 1861 If LESS than 1 day,hrs.	I last saw beautiful alive on to have occurred on the date state	P-17- 1	death is sold
-	8. Trade, profes		9	111	ormin.	were as follows:		Date of onset
OCCUPATION	9. Industry or 1 work was SAW MIL. 10. Date decease this occupyear)	business in done, as S L, BANK, e ed lest wor pation (mo	ilk MILL, etcked at nth and	spa oca	Farmer lime (years) not in this upetion	Other Contributory Causes of impo	ortance:	9.958
12.	BIRTHPLACE (cit (State or coun		Fairvie Md.	еж		77		
2			e Shinhan	A		///ema	2	1 year
FATHER		(city or to	wn)Saxco			Name of operation	Dad	te of
MOTHER	16. BIRTHPLACE (State or	(city or to country)	rgaret Fo	orthman oburg		Accident, sulcide, or homicide?	uses (VIOLENCE) fill in also the fo	nd State)
	BURIAL, CREMAT	Tativ ION, OR R	iew. Md.		20 ,19 35	Manner of injury	in INDÚSTRY, In HOME, ór In PÚBI	LIC PLACE.
19	. UNDERTAKER (Address)	Snyde		l Funeral		If so, specify	way related to occupation of decease	
20.	FILED Chiga	119	19.35 Surg	The second secon	worker. Registrar.	(Signed) (Address)	-greating?	M. D.

If more blanks of eneeded, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
La constant de la con			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u></u>
County Washington	Washingle Registration Dist No. 2
Village or City Lagrante	No. Jalings Ward
	if death occurred in a hospital of institution, give its NAME instead of street and number) Sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Shipl	Lif U.S. Veteran specify WAR
(a) Residence: No. 12 ft 12 de la	St., S Ward. Make City or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (with the word)	21. DATE OF DEATH Aug 5 , 193 5 - (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
24 /	1935, 10 July 3, 1935
6. DATE OF BIRTH (month, day, and fram how 848	1 last saw h un alive on July 12, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Now. SAWYER, BDDKKEPER, etc.	(12)
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The air times to by the mention that to
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Cardio Vascular Branal Discon
12. BIRTHPLACE (city or town) Harrench	Dther Contributory Causes of importance:
(State or country)	
13. NAME KINKUM	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT My Fred Long (Address) Hagustown Md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMODAL	Manner of injury
Place laggestown Md Date lung 4, 1933	Nature of injury
19. UNDERTAKER Scott, 7. Minnich Jan	24. Was disease or injury in any way related to occupation of deceased?
a la de ballante	(Signed) Common M. D.
20. FILED The property of the Registrar	(Address) Haveneley Md

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting V. S.No. 1.

V. S. No. 1

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC

ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

D. Every item of infor-

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (499)
1. PLACE OF DEATH	(210-mg)
County Cerashington	3307
Village or City Hagehstown - Wash	Registration Dist. No.
O (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	20 loss Now long In U. S. if of foreign birth?
2. FULL NAME Dilliam D. Shoop	
(a) Residence: No. News Boustons Mc	1 · St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Tulite Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1301)
(or) WIFE of Sample	22. I HEREBY CERTIEY, That I attended deceased from
A DITT OF DIDTH	, 193, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h. A last saw h. 19 332 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm_ The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcClerk	orreson of gase 43 full
■ ✓ 1 ■9. Industry or business in which	purchase Right to
work was done, as SILK MILL,	
U. Date deceased last worked at 11. Total (in e (years)	
year) - August 1-1935 sport in this 5 yes.	
12. BIRTHPLACE (city or town) Beaser Creek	Other Contributary Causes of Importance:
(State or country) Wash. Co. Md.	Charles I de Clares
II 13. NAME Harry D. Shoot	
13. NAME Harry D. Shoop 14. BIRTHPLACE (city or town) Beaver Creek	Name of a subject of the subject of
(State or country) Cash. Co. Md.	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E Steam Currier	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
41 0 50	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A arry D. Oloop (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The state of the s
Place Blaver Creek Date ale S. 1935	Manner of injury
Paru 3 12 1 1005	Nature of injury.
19. UNDERTAKER () (Address)	24. Was disease or Injury In any way related to occupation of deceased?
8- 8 90 ye very mg.	If so, specify
20. FILED 0-3- , 1950 DROSTTowers	(Signed) M.D.
Registrar. If more blanks are needed, address State Registrar, 2	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrois SEP 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	22 m U H	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09143
stat UPA	1. PLACE OF DEATH	(131)
onld OCC	countress asking long	Registration Dist. No.
should of OCC	Village or City faucoci G	death occurred in a hospital or institution, give its NAME instead of street and number)
> 00 m	Length of residence in the r town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIAN tement	2. FULL NAME CONTRACTOR OF THE PARTY OF THE	with the
D. 1 SIC	(a) Residence: No. January about	mileware rest Mean US 40
PHYSI ect stat	(Usual place of abode)	If nonresident give city or town and State
REE. PI Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX 4. COLOR OR RACE 5. SINGLE MADRIED, WIDOWED, WORD (write the word)	21. DATE OF DEATH aug ,
NENT RCTLY.	5a. If married, widowed, diverged	(Month) (Day) (Year)
LA A 188	5a. If married, widowal diverged HUSBAND of (or) WIFE of Julianu Ouurn	22. I HEREBY CERTIFY. That I attended deceased from
print a	6. DATE OF BIRTH (month, day, and yearly 11/860	liast sawher alive on July 27 1935; death is said
PE d E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12Pm.
IS A PE stated E properly certificate.	75 0 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
20	8 Trade profession or particular 2	Grand al atano - 1915
be pe	SAWYER, BOOKKEEPER, etc. Januse Keeper:	schoing with
NK-T should it may n back	kind of work done, as SPINNER. Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, RAWY HOWELL SAW MILL, BANK, atc.	Spharten
S sho t it r on b	0 10. Date daceasad last worked at 11, Total tima (years)	Tuffrosilvon
	this occupation (month and / 3/4 spant in this occupation	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
AD ed.	(Stata or country)	hammely (\$3)
fh UNFA ly supplied lain terms, See instr	W 13. NAME TILSON POCKY.	1
H U sul	13. NAME 11. BIRTHPLACE (city or 10 WH) 12 14. BIRTHPLACE (city or 10 WH) 12 12 12 12 12 12 12 12 12 12 12 12 12	Nama af operation
	(State or commy)	What test confirmed diagnosis? Classification Was there an autopsy?
INLY, WI be careful EATH in p	15. MAIDEN NAME 15. MAIDEN NAM	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
Car CAL Ort	16. BIRTHPLACE (city Cump red 60 19	Accident, suicide, or homicide? Date of injury, 19
AINLY, ld be cal DEATH y import	(State of County)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE SE	Place Jaucoci G XX Date 6/ 4 1036	Nature of injury.
-WRITE mation s CAUSE TION is	10 HADERTAKEN TO CLEAN TO THE	24. Was disease or injury in any way related to occupation of deceased?
LEOF	19. UNDERTAKER (Address)	If so, specify
m R	20. FILED 87 1 19 35 4B VOUNTAUX	(Signed) / school N. 1 200 M.D.
Z	Registrar.	(Address) / Lucielle, mil
	If more bilinil are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo Arteriosclerosis	h and related causes ws: RECEIV	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 ycar

item of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor	-1
should of OC	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC. T.D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	2.
REC. PH Exact	3. SEX
MANENT ACTLY assified.	3. SEX
A PERI	6. DA 7. AG
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	PATION
G INK-AGE show that it mons on ba	0000
d. Add. As	12. B1
'H UNF'y supplie ain terms See insti	WOTHER TATHER 11. IN 17. IN 18. BIS 18
LY, WIT carefull, TH in pl	MOTHER
Id be DEA y imp	17. iN
shoul OF	18. Bt
Mation CAUSE TION is	19. Ut

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09145
1. PLACE OF DEATH	(82-0)
county Washington	Registration Dist. No. 302
Village or City " Ka q V Stown	No.72 11) St S: Je ASTE / War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William E Sno	ok
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of Mayy =.	8/4 1935 to 8/11 1935
6. DATE OF BIRTH (month, day, and year) + M 13 - 185-7	liest saw h liese alive on \$1/1 1935 death is sa
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et
78 (2 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this deceased last worked last worked last worked last worked last worked last worked last worke	were as follows: Cerebral Hamorray 4. Date of one
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc.	
11. Total time (yeers) spent in this occupation (month and 0 0) year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Y-Ca q l'YSTO un (State or country)	Other Coutributory Causes of importance:
# 13. NAME Josiah Jnools	
13. NAME 308 Q A 3 YO 0 12 14. BIRTHPLACE (city or fown) Y & Q Q C X S TO WY	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME a They ine goaly	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME a They ine good 1 16. Birthplace (city or town C. Y. Cag. C. Y. S. To. W. Y. C. State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT NES W. E. S. nools (Address) Hagey Stown Led	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- Manner of injury
Place Hage KS bun Lud Dete Duc 12, 1935	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 7 - 1999 MANY BEECK	(Signed) - YAY DULLLEE 131 W. WASHINGTON ST., M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ĺį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

ADDITIONAL SH	PACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	---------	---------	------------	----	-----------

	A-A-	STATE OF MARTLAND	CERTIFICATE OF DEATH
	state UPA-	1. PLACE OF DEATH	
X	occ occ	County Chashington	Registration Dist. No. 307
3	should of OCC	Village or City yardowsburg	NoSt.,Ward
	t S it	Length of residence in city or town where death occurred Cyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsdsds
	d. Every YSICIANS statement	2. FULL NAME Chuira Sapha	Skencer
	ICI ICI ster		
4		(a) Residence: No. (Usual place of abode)	MSN . Ward. If nonresident give city or town and State
	PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	r. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
rb	d. L.	Jemale White Married	(Month) (Day) (Year)
ž	MANEN A C T I assified	5a. II married, widowad, or divorced HUSBANO of	22. A HEREBY CERTIFY That I attended dappeased Iron
D		(or) WIFE of I rank Spencer	aprel 135, 10 present, 19 9.
BINDIN	ERI EX Cl	6. DATE OF BIRTH (month, day, and year) Thay - 6 - 1881	i last say held aliva on (Line - 40 193 5; death is sai
8	A P ed erly	7. AGE Yaars Months Days if LESS than 1 day	to have occurred on the date stated above, at
-30 -30	IS A PE stated E properly certificate.	54 3 9 1 aus,min.	The PRINCIPAL CAUSE OF DEATH and raidted causes of importance were as follows
0	he s be p of ce	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Principle careinoma of stomaty, with
VED	40		forough Ochweller
R	nay pack	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Resumant St. J. J.
RESER	INI Sphirt on	11. Total time (years)	The state of the s
RE	AGE THAT	year) occupation occupation	Other Coutributory Causes of importance
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	motastases to aldovinal organs. Entire of lower
GI	FA] ied. ns,	(State or country)	and solid mass of concerous growth.
AR		13. NAME Chest trues 14. BIRTHPLACE (city or town) U queston	9.00
W.	E i S	14. BIRTHPLACE (city or town)	Name of operation Oats of
	WIT efully in pla int.	# 15. MAIDEN NAME are Cust	What tast confirmed diagnosis? Was there an au'opsy?
	. 24	5 16. BIRTHPLACE (city or town) Convertions	Accidant, suicida, or homicide?
	LY, e car VTH i	(State or country) Chash. Co. Md.	Where did injury occur?
		17, INFORMANT The Frank Skewers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	S PLA Should OF D	(Address) Knopenile And.	777
	(T) .02	18. BURIAL, CREMATION, OR REMOVAC	Mannar of Injury — — — — — — — — — — — — — — — — — — —
		Place f. Marine land India languard 1. 10, 1953.	Nature of injury
-	-WRIT	19. UNOERTAKER W. Dast & Dog	24. Was disease of injury in any way related to occupation of deceased?
No	B	(Address) Boonsboo Md.	If so, spacify
S.	zi ()	20. FILEO Aug 178, 1935 Comelus & Castle	(Signate And Control of the Control
		- A Character	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	Antonia de la companya de la company	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09147
1. PLACE OF DEATH	159)
County Washington Co. Itrskitel	Registration Dist, No. 3 6 2
Village or City " Heffits form The	No. Ward St., Ward death of used in a hospitation institution, give its NAME instead of street and number)
Length of residance in city or town whara death occurred yrs.	How long in U. S. if of foreign birth?
2. FULL NAME (Deaceased) Fin n	rinates offer Birth . Sureckers
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word)	21. DATE OF DEATH 8 (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, and year) 8/7-1935	I last saw h to alive on 6/8 2 , 19 3 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et. 6 a.m.
1 day, —— hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profassion, or particular kind of work done as SPINNER	Primature 2 + Uh.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at this occupation (month and	(apy 5 months)
work was done, as SILK MILL, SAW MILL, BANK, etc	i ;,
O 10. Date daceased last worked at this occupation (month and year) occupation occupation.	
12. BIRTHPLACE (city or town) Hagurstown Ked. (State or country)	Other Contributory Causes of importanca:
13. NAME Spreeker Fred L.	() ye (
14. BIRTHPLACE (city or town) Washington Co	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Mashington Md.	23. If daath wes due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicida?
∑ (State or country)	Where did injury occur?
17. INFORMANT Father fred T, Spreeker (Addrass)	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Programmer Land Dete 0-1- 1950	Nature of injury.
19. UNDERTAKER Facher Fred & Spracker (Address) Clearfring Mid.	24. Was disaesa or injury in any way related to occupation of dacaased?
20, FILED 8-7- 1935 Chastisoners	(Signad) Letter Duille FR. VICTOR D. MHLER,
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SEP 8 1935				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MAGEASTOWN, MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statcment of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IDFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	11491,1000	distribution to	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLA

AD. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

09140

1. PLACE OF DEATH	(23)
County WASHINGTON Co.	Registration Dist. No. 304
Village or City HANCOCK MG	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Plana throughth	Statlemeyer
(a) Residence: No. FAIR VIEW (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE SSINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF DEAT
5a. If married, widowed, or divorced INSBAND of (or) WIFE of PERRY STOTLEMEVER	22. I HEREBY CERTIFY. Thet I attended deceased from July 10,1935, to Aug 8,1935
6. DATE OF BIRTH (month, day, and year) FEB 19 1892 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, ROUSE WIFE SAWYER, BOOKKEEPER, etc.	I last saw her alive on July 3, 1935; death is said to have occurred on the date stated above, at 8:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date ot onset OUBERCULOSIS
kind of work dona, as SPINNER, ROUSE WIFE SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and ARCIAS Spant in this year) year) 11. Total time (years) spant in this occupation in the NOW	
12. BIRTHPLACE (city or town) BEDFORD CO. (State or country) PENNA 13. NAME ALEXANDER SIPES	Other Contributory Causes of Importance: Aggrayxix, from /4,119 Nemonrhogle
13. NAME ALEXANDER DIPES 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME ANNA CARSON 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. MAIDEN NAME ANNA CARSON 17. INFORMANT (Address) 18. MAIDEN NAME ANNA CARSON 18. MAIDEN NAME ANNA CARSON 19. MAIDEN NAME ANNA CARSON 19. MAIDEN NAME ANNA CARSON 10. MAIDEN NAME ANNA CARSON 10. MAIDEN NAME ANNA CARSON 11. MAIDEN NAME ANNA CARSON 12. MAIDEN NAME ANNA CARSON 13. MAIDEN NAME ANNA CARSON 14. MAIDEN NAME ANNA CARSON 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place LITTLE ORLEANS Md Date 8/10/35,15	Manner of injury
19. UNDERTAKER EPHIRIAM SMITH PA. (Address) ARTEMAS PA. 20. FILED AUG 8 , 1935 THE JOURNAL SMITH PA.	24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)
Registrar. If more stanks are needed, address State Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial newhritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	Juy5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09150
1. PLACE OF DEATH .	W CONTRACTOR (S)
County Was hugtur	Registration Dist. No. 30 2
Village or City Washington Co. Ho	No. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Baly Boy Swa	ye 4mo. Pragrancy
(a) Residence: No. The Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. 193 5
5e. If married, widowed, or divorced	(Month) (Oey) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) Que 27 193 5	I last saw h; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 Am.
Still born 1 day,hrs. 1 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(LIO) and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceesed last worked at this occupation (month and spent in this count in	VIIII
10. Oate decesed last worked at 11. Totel time (years)	47 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
this occupation (month end spent in this year) occupation	
5-400	Other Contribatary Causes of importance:
12. BIRTHPLACE (city or town) Will have been country) wash. Co. How much	
13. NAME Vealph Hurley 14. BIRTHPLACE (city or town) Pooruslabio, rud,	A. Carrier and Car
4 14. BIRTHPLACE (city or town) Pourslebio, hed,	Neme of operation Date of Date of
(State or country)	What test confirmed diegnosis? Claural Wes there an autopsy? 200
15. MAIDEN NAME Helen Elizabeth Levo pal	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Jelen Elyabeth Sewo pae 16. BIRTHPLACE (city or town) Hagendown, med (State or country)	Accident, suicide, or homicide?
1 (otate of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Moules (Address) Board for R he 2	Specify whether injury occurred in INOUSTRY, In HOME, or In PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Waste, Lo. Hospilosie 7. 7 1988	Neture of Injury
19. UNDERTAKER Clasfungton Co. Horpelay	24. Was disease or Injury In any way related to occupetion of deceased?
(Address) Hamanibur, Mix	If so, specify
20. FILED 8- 29 1945 Chast Bowless	(Signed) (Signed) M. D.
Registrar.	(Address) Dages with the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Dete of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy'S 'A DY3808	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis GSSL 8 230	3 days ago
		GECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

		PH	act
	r R	×	Ex
5	ZEN	TI	fed.
1	MA	YY	lassi
BIL	PER	E	ly c
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT RE.	efully supplied. AGE should be stated EXACTLY. PHY	in plain terms, so that it may be properly classified. Exact
J.	HIS	be	be
KV	II-	plno	may
グ	K	Sh	it :
X	9NG	AGE	that
Z	DI	_:	80
AKG	UNFA	upplied	terms,
4	ITH	Illy si	plain
	A	eft	in

back

instructions

important.

very

LION

should be car OF DEATH

mation

CAUSE

-WRITE

plnods

SICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 306 Of death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. ... mos. ... ds. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of 22. 1 HEREBY CERTIFY. That I attended deceesed from (or) WIFE of may 12, 1934 19; death is said 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at ____ 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 11, Total time (years) this occupation (month and spant in this occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation. (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or couplry) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR MEMOVAL me Date and Nature of injury 24. Was disease er injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. CALL 9 Registrar.

If more blanks are needed faddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
op a		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Child Dice of FURTHER STATEMENTS BY PHYSICIAN SIGNATURE CONTROLL OF CONTROLL OF THE STATEMENTS BY PHYSICIAN SIGNATURE CONTROLL OF THE STATEMENT SIGNATURE CONTROLL

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 09152
1. PLACE OF DEATH	- 46-c 3 or
County Maslew glow	Registration Dist. No.
Village or City to a gerstown	No. 54 W Transchus St., 5 War
Length of residence in city or town where death occurred 75 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Solve Distra	Maria
0 01/11/7 110	St. Ward.
(a) Residence: No. 3 4 W Music Cluster (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH CLUB. 12 , 193 5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
Reua Bloom Warnes	22. July 23, 1035 to July 12 10 3
6. DATE OF BIRTH (month, day, end year) May 17" 185	Hast saw h Med elive on aug. 14 1995; death is si
7. AGE Years Months Days If LESS than	- 7.00
78 2 25 1 day,	were as follows:
8. Trade profession or particular	Corcingua Decending Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Colon
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	AP + A
U 10. Date deceased last worked at 11. Total time (years)	Usliceton ported 7-16.
this occupation (month end //5/35 spent in this occupation	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. BIRTHPLACE (city or town) Ha a genetaury,	Other Contributory Canses of Importance:
(State or country) Zer G.	
13. NAME Peter Wances	
14. BIRTHPLACE (city or town) Magestown.	Name of operation none Date of Stone
(State of country)	What test confirmed diagnosis? Here in Estate Was there en eutopsy?
15. MAIDEN NAME Wary Willer	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Wary Multer 16. BIRTHPLACE (city or town). / Varentown	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Reua Warust	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) S Y W Fraul Clin ST 18, BURIAL, CREMATION, OR REMOVAL	
Place & againstaure Date \$14,19.	Manner of injury
	la de la companya de
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
(numers) 4-111- 75- 641-111	(Signed) W Hoven Orloger
20. FILED 7 1935 PHILITHOUSE Registrar.	(Address) Hogerstonia / M.A.
	rar, 2411 N. Charles Street, Baltimory Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
---	------------	-------	-----	---------	------------	---------------	----------

occupa.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County WOSN'S Registration Dist. No.

Village or City 1000 CY Stoum	NO21 So Muberry St,	3 Ward
	death occurred in a hospital or justitution, give its NAME instead of street and t	
2. FULL NAME Chas Frederick Sonto	e Warrenteltz	
(a) Residence: No. 21 So Mulberry	St. 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 4 (Day)	, 193 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Catherine	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) . Q1, 29-18100	0	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER O CYCL QUE SAWYER, BOOKKEPER, etc.	aprile bordiag Resembles	horf. 30
Industry or business in which work was done, as SILK MINES UCCORES TOTAL	seleve	Aug 1-3
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILLS SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town) DO Wesuille	Other Coutributory Causes of Importance:	
(State or country) Md	Chipeine My ocarfeles	Zeers 195
13. NAME Daniel Warrentelts 14. BIRTHPLACE (city or town) VO 1 ke S ville		
7 14. BIRTHPLACE (city or town) YVO) Le SV. 11- 0 1	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME SUSAN Ludie 16. BIRTHPLACE (city or town) Wolfes wille	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. BIRTHPLACE (city or town) XX O 12 S U: 116 (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANTYS CFS. Warrenfeld	Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
18. BURIAL CREMATION, OR REMOVAL LES Date freq 6 , 1935	Manner of injury	
19. UNDERTAKER A L Cottman	24. Was disease or injury In any way related to occupation of deceased?	-L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 6 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

19. UNDERTAKER

(Address)

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA.

Exact statement

m

ż

STATE OF MARYLAND— 1. PLACE OF DEATH County Nashing + m	CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Lu CU O	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Ta (=0	ds. Tow long in U. S. if of foreign birth?yrsmosds.
(a) Residence: No. half atts. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word) 5. If married widowed or divorced.	21. DATE OF DEATH (Month) 2 7, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	I last saw h alive on , 19 , 19 ; death is said to have occurred on the date stated above, et
13. NAME 14. BIRTHPLACE (bity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAU CREMATION, OR REMOVAL	Name of operation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

24. Was disease or injury In

(Address)

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 8 1935	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	Indy 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR ELIDBURD CHAMEMENING DV DUVOZOVAN

 ACE FOR FORT		*****	

WRITE

CAUSE mation LION

state infor-

plnods

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEIVE	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6 1935	July5,1927	Peritonitis	3 days ago
	BUDEAU V. S			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

V. S. No. 1

CTATE OF MADVI AND CEDTIFICATE OF DEATH

ND. 1 40 7 Quist. th occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? If U.S. Veteran specify WAR. Ward. If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	mosds.
ND. 1 40 7 Quist. th occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? If U.S. Veteran specify WAR. Ward. If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	Ward d umber) mosds.
th occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	mosds.
If U.S. Veteran specify WAR. Ward. If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	mosds.
MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	
If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	nd State
If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH L. DATE OF DEATH (Month) (Day)	nd State
L. DATE OF DEATH P. J.	
(Month) (Day)	
	30
	(Year)
. I HEREBY CERTIFY That I ettende	d deceased from
P-1-25 19 to P-5-3	
last saw h exalive on 8-3-36 19	; death Is said
o have occurred on the date stated above, at 2.30 Pm.	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance vere as follows:	1000
000	Date of onset
Cardlan Sculine	8-1-5
Other Cuntributury Causes of importance:	
Coremona of Lives	7
Name of operation	
I. If death was due to external causes (VIOL ENCE) fill in also the followi	
Accident, suicide, or homicide? Date of Injury	, 19
Where did injury occur?	
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
Manner of Injury	
Nature of injury	
t. Was disease or injury In any way related to occupation of deceased?	
If so, specify	
	7-/ M. D.
V N S - V	lame of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 6 1905	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V S				
Other contributory	causes of importance:		Other contributory causes of importance:	Ballon I	
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09157
1. PLACE OF DEATH	(107-ax
county Washington.	Registration Dist. No. 302
Village or Myour Hager Stoun	No. Rayen Wood Hato . St. Ward
Length of residence in city or town where death occurred 20 yrs	f death occurred in a horpital or institution, give its NAME (instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jacob A. Z. i &c	101
(a) Residence: No. Museu Wood Hala	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Cong 2 8 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY That I attended deceased from
(mangare)	lling 18 135 10 Clerg 28 135
6. DATE OF BIRTH (month, day, and year) (9 2 20 185-4	I last saw how alive on are 29 J., 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 4.15 m.
80 10 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Bon 1 (Received the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	William Wallet
work was done, as SILK MILL, SAW MILL, BANK, etc.	(47)
O 10. Date deceased last worked at this occupation (month and pear) 11. Total time (years) spent in this occupation conspation.	
B. Saul	Other Cautributary Causes of Importance:
12. BIRTHPLACE (city or town) 12 YO WYS M. 113 (Stata or country)	
# 13. NAME George S- Liegler.	
14. BIRTHPLACE (city or town) Greeneas +1	Name of operation Date of
[State or country]	Name of operation Date of Was there an autops? Co.
15. MAIDEN NAME SUSanne Wolferberger	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or lown) Hagen Stawn.	Accident, suicide, or homicide?Date of injury19
≤ (State or country)	Where did injury occur?
17. INFORMANT Solveta 2: egler (Address) Haven town mo)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR ADMOVAL	Manner of injury
Place M. Ms Durcy West Date U.S. 30 , 1933	Nature of injury
19. UNDERTAKER A-15 Cat xman	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 29, 1983 D PHAST Security Registrar.	(Signed) (Address) 148 (w. wish St. Haghertan by
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 8 1909	July 5, 1927	Peritonitis	3 days ago	
•	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones	9	May 1,1923	Gastroenteritis	1 year	
		·		1	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

CIANS should state

very item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		186-a		202
County Marshur	glow		Registration Dist. No	20
Village or City 700	June	No. Wesly	W Hospi	St., 3 Ward
f	4)	death occurred in a hospital or institu		
Langth of residence In city or town where o	leath occurred yrsmos	ds. How long In U.S. if	or toreign bittiiryrs	
2. FULL NAME Man	10 2000			
(a) Residence: No. 135 6	. Wash	St., S Ward.		
	(Usual place of abode)	l MEDICAL C	If nonresident give city or to	
PERSONAL AND STATIST			ERTIFICATE OF DEA	NIH.
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	\$ 10	193.
The state of the s	1 -rea		(Month) (Day)	(Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	2. Book	22. HEREB	Y CERTIFY, That I a	ttended deceased from
6. DATE OF BIRTH (month, day, and year)	5 cl. 8" 1868	I fast saw h alive on	ang 100	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed above at 3.30 m.	
67 6	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importan	
8 Trade profession or particular	1 or	were as joilows.	1.4	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	et House	Obmi by	cadelle	440000
9. Industry or business in which	1. 11	n A	A	1
work was done, as SILK MILL, SAW MILL, BANK, atc		Chime Kep	bules.	246.00
	11. Total time (years)	/		
yaar)	occupation	Other Contributory Causes of Imp	portance:	
12. BIRTHPLACE (city or town)	Esolour	4 7		aug 7
(Stata or country)	ter 9	nachur ser	unf	19067
13. NAME Sole 6	reager			
14. BIRTHPLACE (city or town)	- questour	Name of operation	D	ate of
(State of country)	und	What test confirmed diagnosis?	Was t	here an autopsy?
15. MAIDEN NAME Way 16. BIRTHPLACE (city or town) (State or country)	E folyson	23. If death was dua to external ca	nuses (VIOL ENCE) fill in also the	following:
0 16. BIRTHPLACE (city or town)	1 Enstown	Accident, suicida, or homicide?	accident Date of Injury	ly 7 x 13 s
≤ (State or country)	lend	Where did Injury occur?	one, Hozarton	y Olind
17. INFORMANT Les Q.,	30016	Specify whether Injury occurred	(Specify city or town, county In INDUSTRY, In 10ME, or in PU	and State) BLIC PLACE.
(Address) / 35 6 W	anh of	So in 1	Home.	v tel.
18. BURIAL, CREMATION, OR REMOVAL	8/13	Manner of injury	es on thoor	(6-111)
Placa Lyag Erra law	L. Date	Nature of injury	Machined teme	~ (at all)
19. UNDERTAKER County	ter Hous	24. Was diseasa or injury in any	way related to occupation of decea	asad?
(Address) Lags	stown fred	If so, specify	(0	
20. FILED 8-12- 1935	sharft some	(Signed)	(mersley)	M. M.
	Registrar.	(Address) / 48		ar a 1/A 1. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis SFP 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITION	AL SPACE FOR	FURTHER ST	ATEMENTS B	Y PHYSICIAN	
	/				

